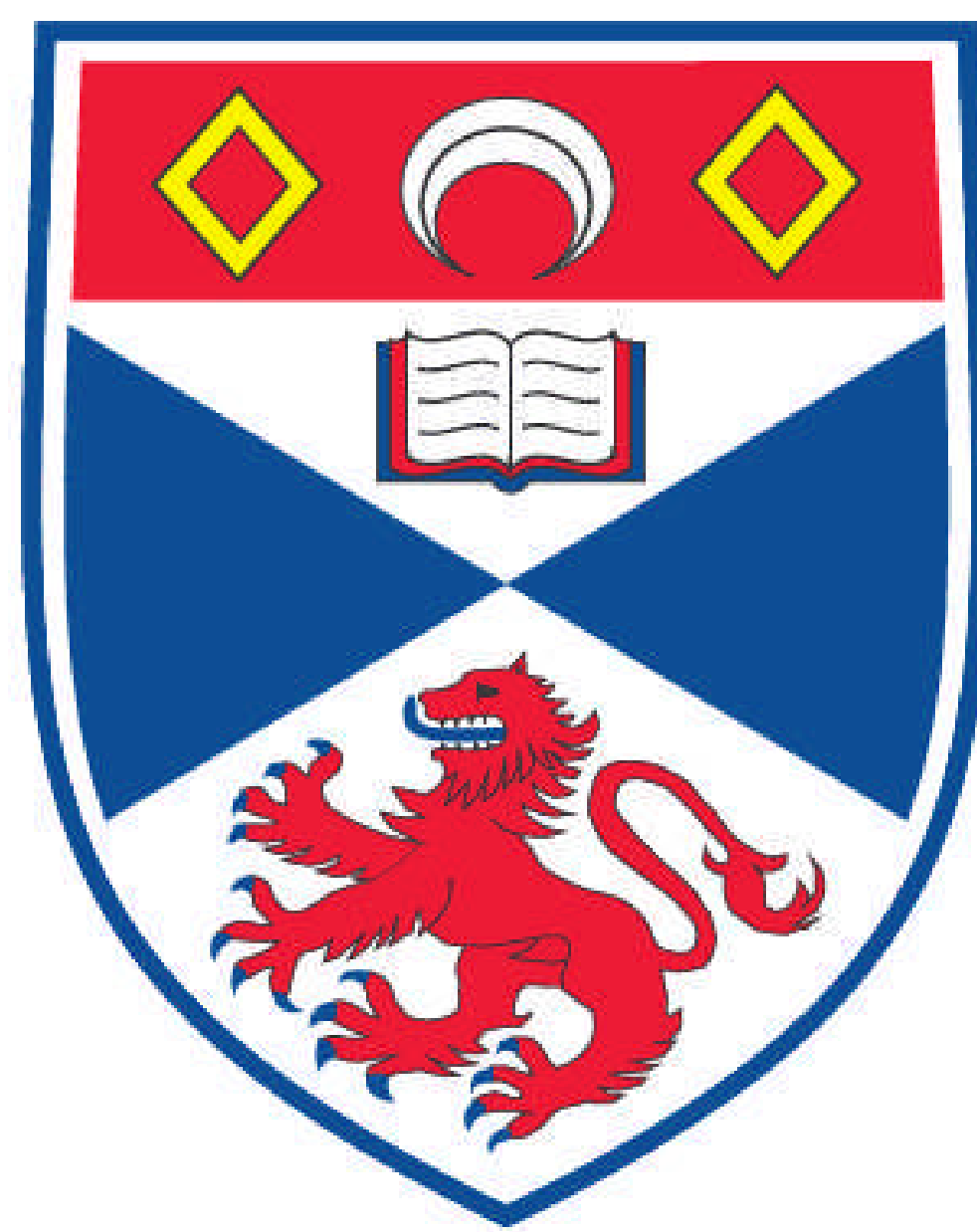


FREUD'S CONCEPT OF THE UNCONSCIOUS

Zinaida Lewczuk

**A Thesis Submitted for the Degree of PhD
at the
University of St. Andrews**



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FREUD'S CONCEPT OF THE UNCONSCIOUS

by

Zinaida Lewczuk

A thesis submitted to the Faculty of Arts of the University
of St. Andrews in fulfilment of the requirements for the
degree of Doctor of Philosophy.

August, 1983

revised May, 1984




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I, Zinaida Lewczuk, hereby declare that this thesis has been composed by myself, that the work of which it is a record is my own, and that it has not been accepted in any previous application for a higher degree.

I was admitted, in October 1979, under Ordinance General 12 as a part-time Research Student of the University of St. Andrews; and I subsequently became enrolled for the degree of Doctor of Philosophy. My supervisor has been Mr Roger Squires of the Department of Logic and Metaphysics.

Signed 

I hereby certify that the conditions of the Resolution and Regulations for the degree of Doctor of Philosophy in the Faculty of Arts of the University of St. Andrews have been fulfilled in the case of Zinaida Lewczuk.


Signed 

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A) The Unconscious Before Psychoanalysis

Thanks to Freud the idea that our behaviour and life might be determined by unconscious mental factors has become a part of our intellectual heritage. But we are still quite unsure what precisely his contribution was, and there are still some who try to question that contribution. There are those who believe that the Freudian doctrine of unconscious mental processes has revolutionized our entire way of looking at ourselves. J. Margolis, who seems to share this view, writes

"To appreciate what is new and what is not new in Freud, in this regard, one might think, for instance, of contacting an exotic tribe whose entire way of life seems remotely familiar and yet the details of whose life prove to be inexplicable - until some qualified anthropologist introduces us to the beliefs and conceptions, the interests, the rituals and myths, of these strange people. Suddenly, the bare events, the physical states - that we were tempted to assimilate to our own traditions and conventions of life - we see to have a new but related significance and order, in being legible in terms of a governing theory about their distinctive way of life. Freud is that field anthropologist addressing the natives themselves and instructing them in the conventions to which they actually subscribe and of which they remain oddly (but understandably) ignorant! The trouble is that it is no longer a certain subpopulation that is being examined by a more advanced or at least independent observer; it is the entire race of men that constitute the uninformed natives, and the observer himself "recognises" that he too is committed, by virtue of the same global - however subterranean and varied - processes of childhood indoctrination and training as his subjects. Therein lies the audacity of Freud's conception and the sense

in which he imposes a new mythology on the world".¹

Others would agree with Margolis about the profound influence of Freud's ideas on our views, but unlike him wouldn't attribute it to a new mythology but to a scientific discovery, even if this discovery became later converted to a kind of mythology or ideology. According to P. Meisel, for example,

"The writings of Sigmund Freud have become so decisive a factor in our culture, particularly in America, that it is more difficult than ever to attribute to them the stance of a dispassionate science that simply narrates those unconscious processes of mind discovered by its founder. It is probably more accurate to say that Freud's work has itself become an example of those unconscious determinations that influence us when we least suspect it. Surely the contemporary status of psychoanalytic thinking as ideological reflex or instinct of reason should alert us to the fact that psychoanalysis no longer speaks to us so much as for us, no longer answers or confirms our condition so much as it produces it from the start. Psychoanalysis looks so like the foregone truth about life that it is easy to forget that what truth it has belongs, in the final instance, to the written achievement of Sigmund Freud himself".²

There are some who argue that Freud's insight into the unconscious determinants of our behaviour and experience wasn't anything new to us, rather we were familiar with it all along, and what he did is to provide us with a systematic account of the ways in which our minds work. This view, among others, was expressed by L. Trilling.

"The Freudian psychology is the only systematic account of the human mind which, in point of subtlety and complexity, of interest and tragic power, deserves to stand beside the chaotic mass of psychological insights which literature has accumulated through the centuries. To pass from the reading of a great literary work to a treatise of academic psychology is to pass from one order of perception to another, but the human nature of the Freudian psychology is exactly the stuff upon which the poet has always exercised his art".³

And finally, there are those who question Freud's contribution altogether, usually on the ground that the notion of unconscious mental processes is conceptually inconsistent. For example, Laird in his attempt to assess the value of the concept of unconscious mental processes for psychology came to the conclusion that "The trouble about ideas and wishes and the like, however, is precisely that they do not seem to be anything at all, except when they are present conscious facts".⁴

It is interesting to see what Freud himself thought about his contribution to our understanding of human nature and ourselves. On one occasion he compared his achievement with that of Copernicus and Darwin.

"In the course of centuries the naive self-love of men has had to submit to two major blows at the hands of science. The first was when they learnt that our earth was not the centre of the universe but only a tiny fragment of a cosmic system of scarcely imaginable vastness. This is associated in our minds with the name of Copernicus, though something similar had already been asserted by Alexandrian science. The second blow fell when biological research destroyed man's supposedly privileged place in creation and proved his descent from the animal kingdom and his ineradicable animal nature. This revolution has been accomplished in our own days by Darwin, Wallace and their predecessors, though not without the most violent contemporary opposition. But human megalomania will have suffered its third and most wounding blow from the psychological research of the

present time which seeks to prove to the ego that it is not even master in its own house, but must content itself with scanty information of what is going on unconsciously in its mind".⁵

But then he added that "We psychoanalysts were not the first and not the only ones to utter this call to introspection; but it seems to be our fate to give it its most forcible expression and to support it with empirical material which affects every individual".⁶ Also, when on the occasion of the celebration of his seventieth birthday Freud was greeted as the "discoverer of the unconscious" he corrected the speaker by saying "The poets and philosophers before me discovered the unconscious. What I discovered was the scientific method by which the unconscious can be studied".

In order to see Freud's contribution in a proper light we should inquire briefly into how the notion of unconscious mental processes was formulated before the foundation of psychoanalysis itself. European literature is one obvious area to look at. Here, the idea that our behaviour and experience is influenced by unconscious motives is expressed from the earliest period and continues until the present time. But is the literary concept of unconscious mental processes really similar to that formulated by Freud? The comparison between the two suggests that they are very close indeed. We have learned from Freud, for example, that a phenomenon such as memory which we usually think to be accidental, is often not accidental at all but influenced by motives which we fail to recognise. As he wrote "Everything that had been forgotten had in some way or other been distressing; it had been either alarming or painful or shameful by the standards of the subject's personality. It was not impossible to conclude that that was precisely why it had been forgotten - that is, why it had not remained conscious".⁷

Dante makes a similar point:

"Therefore I answered: I remember not
That ever I estranged myself from thee
Nor there-in does my conscious bring remorse".

"If now thou hast no memory thereof",
Smiling she answered me, "Recall to mind
How thou of Lethe e'en this day didst drink.
As from the smoke the fire may be inferred,
So thy forgetfulness doth clearly prove,
Fault in thy will, that elsewhere was bent".

(Dante, Purgatorio, Canto 33)

Freud was convinced that it is possible for a person to be in a state of strong emotion, for example, being anxious and yet being unable to tell, under normal circumstances at least, how this came about and what it is that makes him so anxious. Of one of his patients, called Frau Emmy von N. he wrote "Her consciousness did not present her with the real cause of her anxiety; that only emerged - but now it did so without any hesitation - when I questioned her about it in hypnosis".⁸

And Shakespeare would agree with him entirely.

His merchant of Venice, just like Freud's patient, completely fails to understand the origin of his emotion.

"In sooth, I know not why I am so sad:
It wearies me; you say it wearies you;
But how I caught it, found it, or came by it,
What stuff 'tis made of, whereof it is born,
I am to learn;
And such a want-wit sadness makes of me,
That I have much ado to know myself".

(The Merchant of Venice, I, i, 1)

Freud's observation of neurotic behaviour made him believe that someone can have a motive for doing something but be entirely ignorant of it, i.e. he can behave in the same way "as a hypnotized subject whom Bernheim had ordered to open an umbrella in the hospital ward five minutes after he woke up. The man carried out his instruction when he was awake, but he could produce no motive for his action".⁹

Dostoyevsky in one of his novels describes vividly a similar piece of behaviour.

"[I] came to one distinct conclusion - that is, that Pavel Pavlovitch certainly had meant to cut [my] throat, but that perhaps only a quarter of an hour before had not known that he would do it. The razor-case had perhaps merely caught his eyes the evening before, and, without arousing any thought of it at the time, had remained in his memory...

"If he had long been intending to murder me he would have got a knife or pistol ready; he would not have reckoned on my razors which he had never seen till yesterday evening", was one reflection [I] made among others....

"If it is settled that he tried to murder me accidentally", [I] went on pondering, "had the idea ever entered his head before, if only as a dream in a vindictive moment?"

[I] decided that question strangely - that "Pavel Pavlovitch did want to kill me, but the thought of the murder had never entered his head". In short: "Pavel Pavlovitch wanted to kill me, but didn't know he wanted to kill me. It's senseless, but that's the truth". (F. Dostoyevsky, The Eternal Husband)

Phenomena like dreams were always the subject of Freud's attention, due to his conviction that they can reveal, sometimes better than waking behaviour, the secrets of the dreamer's mental life. Dostoyevsky too believed that dreams can tell us something important about ourselves which we were quite unable to realize in our waking life, and are still reluctant to accept despite its expression in a dream.

"These obvious absurdities and impossibilities with which your dream was overflowing ... you accepted all at once, almost without the slightest surprise, at the very time when, on another side, your reason was at its highest tension and showed extra-ordinary power, cunning, sagacity and logic. And why, too, on waking and fully returning to reality, do you feel almost every time, and sometimes with extraordinary intensity, that you have left something unexplained behind with the dream, and at the same time you feel that interwoven with these absurdities,

some thought lies hidden, and a thought that is real, something belonging to your actual life, something that exists and always has existed in your heart. It's as though some thing new, prophetic, that you were awaiting, has been told you in your dream". (F. Dostoyevsky, The Idiot)

When we succeed in understanding a symbolic meaning of a dream we learn that it usually expresses an unconscious wish of the dreamer, according to Freud. A similar idea could be found in folklore, as in the following folksong from the region of Silesia quoted by Freud himself.

SONG OF THE EARTHWORM

Asleep on the grass one day a young lass
Susanna of passion was dreaming;
A soft smile did play round her nose as she lay
While she thought of her swain and his scheming.

Then - dream full of fear! - it swift did appear
That her lover so handsome and charming
Had become as she slept a fat earthworm which crept
Right inside. What could be more alarming?

Full of dread in her heart she awoke with a start
And swift to the village hied her
And tearfully told all the folk young and old
That an earthworm had crawled up inside her.

Her wailing and tears came at last to the ears
Of her mother who cursed and swore roundly;
With bodings of gloom she repaired to her room
And examined the maiden most soundly.

For the earthworm she sought, but alas! could find nought -
An unfortunate thing which dismayed her.
So she hurried away without further delay
To ask the wise woman to aid her.

With cunning she laid out the cards for the maid
And said: 'We must wait a while longer.
'I have questioned the Knave, but no answer he gave;
'Perhaps the Red King will prove stronger.

'Tis the news that you fear which the Red King speaks clear:
'The worm really crawled in the girlie;
'But as everything bides its due times and its tides
'To catch it 'tis yet much too early.'

When Susanna had heard the lugubrious word
She went to her chamber full sadly;
Till at last there appeared the dread hour that she feared
And out crept the little worm gladly.

So be warned, every lass: do not dream on the grass,
But let poor Susanna's fate guide you,
Or - as you too may know, to your grief and your woe -
A fat earthworm will creep up inside you.

We hardly need Freud to tell us what the "fat earthworm" and "little worm" mean.¹⁰

Dreams or symptoms are not the only phenomena which, in Freud's view, can betray our mental states. Various errors, such as slips of the tongue, can reveal our motives, conscious or unconscious. "They are not chance events but serious mental acts; they have sense; they arise from the concurrent action - or perhaps rather, the mutually opposing action - of two different intentions" said Freud.¹¹

A slip of the tongue, which is subtly motivated, occurs in Shakespeare's Merchant of Venice. Portia, the merchant's daughter, at last found in Bassanio the suitor to her liking. She is afraid that he too, like the previous suitors, will choose the wrong casket. She would like to tell him that even so, he could be certain of her love but she is prevented to do so by her vow. However, she makes a slip of the tongue which betrays her real feelings towards Bassanio.

"... I could teach you
How to choose right, but then I am forsworn;
So will I never be; so may you miss me;
But if you do you'll make me wish a sin,
That I have been forsworn. Beshrew your eyes,
They have o'erlooked me, and divide me;
One half of me is yours, the other half yours, -
Mine own, I would say; but if mine, then yours,
And so all yours".

(Shakespeare, Merchant of Venice, Act III, Scene 2).

On the basis of his particular insights into human behaviour influenced by unconscious motives Freud came to the conclusion that "it is coherent in human nature to have an inclination to consider a thing untrue if one does not like it, and after that it is easy to find arguments against it."¹²

A wonderful exemplification of this truth can be found in the work of Tolstoy. In The Death of Ivan Ilyich he describes a struggle of a man who cannot reconcile himself to the idea that he is going to die.

Ivan Ilyich saw that he was dying, and he was in a constant state of despair. In his heart of hearts he knew he was dying, and it was not simply that he could not get used to the idea; he could not grasp it, could not possibly grasp it.

All his life he had regarded the syllogism he had learned while studying Kiesewetter's Logics: "Caius is a man, men are mortal, and therefore Caius is mortal", as being true only in respect to Caius, not to himself. Caius was a man, a man in the abstract sense, and so the syllogism applied to him; but Ivan Ilyich was not Caius, and not a man in the abstract sense; he had always been quite different from all other men.

"If I were doomed to die like Caius I would have known of it, some inner voice would have told me. But I have never been aware of anything of the sort; I have always known, and so have all of my friends, that I was not of the same stuff as Caius. And now, lo and behold!" he said to himself. "But it cannot be. It cannot be, it cannot be, and yet it is. How is it possible? How is one to understand it?"

He could not understand it and tried to drive the thought away as being false, misleading, and unwholesome, and he tried to evoke true, wholesome thoughts to take its place. But the thought was more than a thought, it was reality itself, and it kept coming back and confronting him.

(L. Tolstoy, The Death of Ivan Ilyich)

Freud himself was well acquainted with the literary ideas concerning unconscious mental factors and their role in human behaviour and experience, expressed both by writers and poets. Throughout his work we come across quotations from literature which are relevant to his own views. And of Dostoyevsky, who has been quoted here, he once said that "before genius, analysis lays down its arms", meaning that what the literary genius can create is like life itself, while psychoanalysis can only

comment on it.

Literature, however, is not the only area in which the idea of unconscious mental processes has been formulated independently of psychoanalysis. Several philosophers, such as Schopenhauer, Nietzsche and others, put forward metaphysical doctrines which express similar views. A metaphysical notion of unconscious mental processes plays an important role in Schopenhauer's philosophy, in particular. The cornerstone of his philosophy is the concept of will. By "will" he understands a blind force inherent in all natural phenomena, including human life. In fact a human being is a macrocosm in which all that is fundamental to reality in general can be understood best. And what are the most basic aspects of a human being? On the one hand my outer experience tells me that I am an object, just like any other objects in nature, such as trees, stones, etc. But I also know that there is something more in me than in trees or stones. Namely, I am aware of myself as an active being whose behaviour directly expresses my will. This inner conviction that each of us has an active will is the most primitive and fundamental of our experience. Other philosophers, like Descartes, had also something important to say about the will. For Descartes will is a component of our intellectual faculty, a sort of instrument by which we control our actions in a rational manner. But Schopenhauer's concept of will is quite different. In his view, the operations of the will have nothing to do with the intellectual faculty. It is a mere illusion to think so, and many philosophers contributed to this illusion instead of unmasking it. The truth is that the real choice, if it can be called "choice" at all, is made below the level of reflective consciousness and rationality. The primacy of the will over intellect and consciousness is revealed in our daily behaviour. In everyday life we are usually quite ignorant of what makes us behave in the way we do. We believe ourselves to be acting on some moral or rational reasons, while the real factors influencing our behaviour

are in fact quite different. The reasons we quote to justify our behaviour are, therefore, an entirely unreliable guide to understanding of our behaviour. Human behaviour, according to Schopenhauer, is rooted in deep-lying biological tendencies, while "Consciousness is the mere surface of our mind, of which, as of the earth, we do not know the inside but only the crust". An example of a biological tendency responsible for our behaviour is the sexual drive, which he calls "a focus on the will" and regards, apart from the instinct to survive, as the main motor of human behaviour. But instead of accepting this fact human beings produced another illusion, i.e. the drive become idealized and romanticized as love. Sometimes Schopenhauer seems to think that conscious choices never really determine our behaviour, and that our view to the contrary is due to our ignorance, which may itself have a motive which we don't admit. If we were able to recognize our real motives we would be shocked and embarrassed by them, which suggests that there's something more to our ignorance than a mere failure to recognize what they really are. Another example of failure of this kind, quoted by him, is "failure" of memory. When the ignorance reaches the point at which the person loses touch with reality completely it becomes a form of insanity.¹³

Even such a brief look at Schopenhauer's doctrine as this one, reveals a striking similarity between his ideas and those of Freud. Both stress the great importance of unconscious factors in human behaviour. Both look at these factors as irrational forces rooted in biological tendencies. For Schopenhauer, just as for Freud, a failure to become conscious of one's own motives has to do with their shameful or painful character. They both show how man seeks to rationalize his behaviour, giving motives for his conduct which are not his real motives. Even more specific remarks by Schopenhauer, like that of memory failure being motivated,

echo remarks made by Freud on the same topic. Was Freud ever aware of this similarity of views? The answer is given by Freud himself. "The large extent to which psychoanalysis coincides with the philosophy of Schopenhauer - not only did he assert the dominance of the emotions and the supreme importance of sexuality but he was even aware of the mechanism of repression - is not to be traced to my acquaintance with his teaching. I read Schopenhauer very late in my life. Nietzsche, another philosopher whose guesses and intuitions often agree in the most astonishing way with the laborious findings of psychoanalysis, was for a long time avoided by me on that very account; I was less concerned with the question of priority than with keeping my mind unembarrassed". We are told in An Autobiographical Study.¹⁴

The idea of unconscious determinants of human behaviour was expressed, independently of psychoanalysis, in literature and philosophy, but what about psychology? Was Freud the first to introduce the concept of unconscious mental processes into this area at least? By no means, and Freud never tried to suggest otherwise. A French psychologist called Janet had spoken of "unconscious mental acts" before Freud, although in Freud's view, he meant by this phrase no more than a *facon de parler*. But for another psychologist, namely Fechner, this notion meant more. He used to compare mind with an iceberg which is moved by the winds of awareness as well as some hidden currents. His conception of a mental energy, of a topography of the mind and the principle of constancy in particular had an unquestionable impact on Freud's formulation of his metapsychological doctrine of the unconscious. In fact Freud himself admitted that he "was always open to the ideas of G.T. Fechner and have followed that thinker upon many important points".¹⁵ The influence of Breuer on Freud's ideas, with whom he wrote Studies on Hysteria doesn't require any further comment. And there were other psychologists who spoke of the unconscious activities of the mind, even if what they meant by it wasn't exactly the same as the psychoanalytic concept of the unconscious

mental processes. According to the well known German physiologist and psychologist Wundt, the real activity of the mind is unconscious and what we are aware of are merely the results of those activities. "Our mind is so fortunately equipped, that it brings us the most important bases for our thoughts without our having the least knowledge of this work of elaboration. Only the results of it become conscious. This unconscious mind is for us like an unknown being who creates and produces for us, and finally throws the ripe fruits in our lap".¹⁶

There is no doubt that Freud was aware of the various formulations of the notion of the unconscious mental activity in such diverse areas as literature, philosophy and psychology. Some of these formulations, by psychologists in particular, had certainly some impact upon his views. But what helped to shape his views most of all were the various phenomena he came across in his practice and his desire to understand them. What kind of phenomena were they, and what were Freud's reasons for applying to them the notion of the unconscious mental processes? We are told by Freud himself that it was the phenomenon of post-hypnotic suggestion that made him believe in the existence of unconscious mental processes. In The Unconscious he wrote "Incidentally, even before the time of psychoanalysis, hypnotic experiments, and especially post-hypnotic suggestion, had tangibly demonstrated the existence and mode of operation of the mental unconscious".¹⁷ When Freud observed Bernheim's and Charcot's experiments with post-hypnotic behaviour he was struck by the following fact. People who woke up from an hypnotic trance will carry out orders given to them under hypnosis without realizing that they act in accordance with suggestions made to them earlier. He describes one of these experiments as follows:

"The doctor enters the hospital ward, puts his umbrella in the corner, hypnotizes one of the patients and says to him: 'I'm going out now. When I come in again, you will come to meet me with my umbrella open and hold it over my head'. The doctor and his assistants then leave the ward. As soon as they come back, the patient, who is no longer under hypnosis,

carries out exactly the instructions that were given him while he was hypnotized. The doctor questions him: 'What's this you're doing? What's the meaning of all this?' The patient is clearly embarrassed. He makes some lame remark such as: 'I only thought, doctor, as it's raining outside you'd open your umbrella in the room before you went out'.¹⁸

Freud, therefore, concluded that the person's explanation of his behaviour after wakening from the hypnotic trance was "obviously quite inadequate and made up on the spur of the moment to offer some sort of motive for his senseless behaviour. It is clear to us spectators that he is in ignorance of his real motive (my italics). We, however, know what it is, for we were present when the suggestion was made to him which he is now carrying out, while he himself knows nothing of the fact that it is at work in him".¹⁹

There was a striking analogy between the behaviour of the subjects under hypnotic suggestion and that of the hysterical patients Freud came across in his consulting room. Charcot and Bernheim in fact claimed that post-hypnotic behaviour was an artificial simulation of naturally occurring hysterical symptoms. This analogy was further reinforced when Freud's collaborator Breuer realized that the amnesia characteristic of hysterical patients can be overcome in a hypnotic state. Breuer's patient Anna O. was able to tell him about the origin of her symptoms while she was in a hypnotic state but she was ignorant of it in her normal waking state. One day she complained to him that a dress she was wearing looked blue to her although she knew it was in fact brown. Later that day, while in a hypnotic state, she recalled that a year before she had made a dressing gown for her ill father out of the same material as her dress except that the material was blue. Her other symptoms had already been indicated to Breuer that her relation to her father, being of considerable emotional significance, was an important factor in Anna's illness. The mother's diary proved that her recollections produced in the hypnotic state were veridical. Soon Breuer's findings were confirmed by Freud himself.

By using hypnosis with his patient Frau Emmy von N., Freud was able to unravel the story of her disgust for food. Frau Emmy's disgust for food had its origin in her childhood. When she was a child her mother insisted on her later eating food which she had left over from her meals. Since the food was cold and tasted awful by that time, she did so with great disgust. Later on, although she was not longer subjected to this punishment, her feeling of disgust at mealtimes persisted. What was even more striking was the fact that in both cases the patient's recollections of her original experiences in hypnosis resulted in a complete removal of the symptoms. In the case of Frau Emmy, according to Freud's report "the very next day she ate and drunk without making any difficulty".²⁰

Freud's observation of post-hypnotic behaviour and its analogy with the hysterical symptoms was, therefore, an important factor in shaping his views concerning unconscious mental processes. It opened his mind to the possibility that a person's behaviour can be influenced by factors he is not aware of but which he can recognize under special conditions, i.e. in a hypnotic state. His observation that the person's recognition of his original experiences can in some cases produce a removal of his symptoms influenced in turn Freud's assumptions concerning therapeutic methods, which are based on the view that by making unconscious processes conscious it is possible to cure a neurotic patient. Although the notion of unconscious mental processes was originally introduced by Freud on the basis of his observation of post-hypnotic phenomenon and neurotic symptoms, he soon started to apply it to some entirely ordinary phenomena such as dreams, various errors and even some forms of social behaviour.

B) The Status of the Notion of Unconscious Mental Processes

What kind of notion is that of unconscious mental processes? There is a fundamental disagreement among philosophers about its logical status. According to one view, it involves a self-contradiction. If mental states, such as wishes for example, cannot exist except when they are presently conscious facts, as was suggested by Laird in the passage quoted earlier, it is logically inconsistent to say that a person can be unconscious of his wish. J.P. Sartre in Being and Nothingness takes a similar position.²¹ People who take this view accept the Cartesian identification of the mental with the conscious. On this view a mental process or state, a wish for example, is something introspectable by the subject who has it. If we say that the wish is not known to the subject it seems to vanish into nothingness, and when we assert its unconscious existence we contradict ourselves.

We should, however, look at this Cartesian doctrine more carefully, because, as D.M. Armstrong pointed out, it involves several different theses and not all of them rule out the possibility of unconscious mental processes.²² One thesis is that of the indubitability or incorrigibility of introspective awareness. It says that any belief we have about our own current mental state is inevitably true. In other words it rules out the possibility of error. Suppose p is X's belief about his current mental state, then the thesis of incorrigibility can be defined as follows:

(i) (X believes that p) logically implies (p).

The notion of incorrigibility shouldn't be confused with that of logically privileged access, which is a different notion, because even if we each had a privileged access, in the sense of a special first-person non-inferential awareness of our current mental states, we still could be mistaken about them. Suppose I believe that I am indifferent towards John. But when I examine my behaviour and feelings more carefully I see

that I am really in love with him. Thus one belief about oneself can be used to correct another, so logically privileged access doesn't rule out the possibility of error. The thesis of logically privileged access can be defined as follows: (where p is a proposition about X's current mental state):

(ii) Nobody except X can have non-inferential knowledge that p.

A different thesis implied by the Cartesian doctrine is what Armstrong and Ryle call the self-intimation of introspective awareness. It says that we see everything there is in our mind. This thesis, therefore, rules out the possibility of ignorance about our current mental states. It can be defined as follows (where p is a proposition about X's present mental state):

(iii) (p) logically implies (X believes that p).

It is this last thesis that rules out the possibility of the unconscious mental states. It does so because it implies that it is logically impossible for us to be ignorant of our current mental states. Each of (i)-(iii) is logically independent of the others, but each is part of the traditional doctrine of the mind. But is this doctrine acceptable and is the thesis of self-intimation correct?

Freud himself was convinced that the Cartesian doctrine, with its thesis of self-intimation, is wrong, for the following reasons.

"This equation [i.e., mental with conscious] is either a petitio principii and begs the question whether all that is mental is also necessarily conscious; or else it is a matter of convention, of nomenclature. In this later case it is of course no more open to refutation than any other convention. The question remains, however, whether the convention is so expedient that we are bound to adopt it".²³

His answer to this question was that it is not expedient at all, for firstly,

"conscious acts remain disconnected and unintelligible if we insist upon claiming that every mental act that

occurs in us must also necessarily be experienced by us through consciousness; on the other hand, they fall into a demonstrable connection if we interpolate between them the unconscious acts which we have inferred. A gain in meaning is a perfectly justifiable ground for going beyond the limits of direct experience".²⁴

And secondly, "the assumption of there being an unconscious enables us to construct a successful procedure by which we can exert an effective influence upon the course of conscious processes".²⁵ So Freud had reasons for rejecting the Cartesian doctrine, and what made him doubt its plausibility most of all was his observation of neurotic and post-hypnotic behaviour. Take the case of post-hypnotic behaviour quoted earlier, when the subject was instructed to open an umbrella inside the room and hold it over the doctor's head, as soon as the doctor entered the room. If the thesis of self-intimation was true the subject couldn't possibly fail to believe that he was acting on the hypnotist's order, when later he indeed opened the umbrella and held it over the doctor's head. In his waking state, however, when he was asked to justify his behaviour, he could only say that he thought it was going to rain and therefore he decided to open the doctor's umbrella for him. But the doctor had just come in and anyway it is a strange thing to do to open the umbrella inside the room and hold it over somebody's head, even if it is raining outside. The subject's own embarrassment with his behaviour suggested that it wasn't his usual way of behaving either. But the observer familiar with what went on during hypnosis, could see that he was in fact acting on the hypnotist's order without remembering it, whereas his attempt to justify his strange behaviour was a made-up story produced in order to cover his embarrassment. So the circumstances surrounding the subject's behaviour justify us in saying that he was acting on the order given to him under hypnosis, and yet he didn't believe in his waking life, as the thesis of self-intimation would imply, that it was precisely that

order which made him behave in the way he did. In other cases of post-hypnotic behaviour, and in some cases of neurotic behaviour, the person sometimes openly admits that he doesn't know why he behaves in a certain way. Acceptance of the Cartesian doctrine either commits us to saying that such behaviour doesn't really exist, which is empirically false, or else leaves us unable to explain it, which is not satisfactory either. So even if accepting such a narrow definition of the mental, as proposed by Descartes, doesn't involve any logical fallacy, it would nevertheless rule out the possibility of explaining a vast range of human behaviour in terms of mental factors and therefore, as Freud himself pointed out, such a definition would be totally inexpedient. Also many properties ascribed to people on the basis of their behaviour, such as ambition, vanity, intelligence, moodiness, reliability, selfishness, and others, very often haven't any particular experiences corresponding to them in the subjects in question. The mental character of such predicates would, therefore, be ruled out by the Cartesian definition of the mental.

The next question we want to ask is whether the notion of unconscious mental processes is a useful one? People, like Broad, who don't regard the notion as problematic from a logical point of view, nevertheless think that it is dispensable as an empirical hypothesis, because the facts it is supposed to explain can be equally well explained in terms of physiological processes.²⁶ He argues this on the basis of the following example, which he believes psychoanalysts would explain by postulating an unconscious mental perception. A person was looking for his spectacles but failed to find them, although they had been staring him in the face in the very drawer in which he was looking. Afterwards, under hypnosis, the person was able to tell where the spectacles were. According to Broad, the explanation of this case, rival to any supposed psychoanalytic explanation in terms of unconscious perception, was as follows. When stimuli from an object act on our nerves they usually give rise to two

results: an experience E and a trace T. But, under certain circumstances, only one of those results may happen. One possibility is that the relevant experience occurs but no trace is left. Alternatively, a trace is formed, although, no mental event accompanies it. But if this trace is afterwards excited, the resulting experience is exactly like, or very like, a memory of the experience E which normally accompanies the trace T. And also the resulting behaviour is very much like that which normally follows from a memory of experience such as E. In the case described above we can say, according to Broad, that the stimuli from the spectacles produced only a trace, which when stimulated under hypnosis gave rise to an experience resembling very much a memory of seeing the spectacles. So there was no unconscious perception, indeed no perception at all, just a physical trace. Broad thinks that similar arguments can be used against postulating other kinds of unconscious mental processes.

However, Broad's argument should be rejected for the following reasons. Firstly, his example is quite different from cases to which psychoanalysts would usually apply the notion of unconscious mental processes. He is talking about perception of the external object, whereas psychoanalysts refer to internal states, such as emotions, and talk about the person's failure to recognize their influence on his behaviour. It is difficult to see, therefore, how the kind of explanation postulated by Broad could be used to account for the psychoanalytic cases. Secondly, psychoanalysts are often quite unable to provide a physiological account of some behaviour, as in the case of post-hypnotic behaviour discussed earlier, but can make good sense of it in psychological terms. As Freud himself pointed out

As far as their [i.e. unconscious mental processes] physical characteristic is concerned, they are totally inaccessible to us: no physiological concept or chemical process can give us any notion of their nature. On the other hand, we know for certain that they have abundant points of contact with conscious mental processes;

with the help of a certain amount of work they can be transformed into, or replaced by, conscious mental processes, and all the categories which we employ to describe conscious mental acts, such as ideas, purposes, resolutions and so on, can be applied to them. Indeed, we are obliged to say of some of these latent states that the only respect in which they differ from conscious ones is precisely in the absence of consciousness. Thus we shall not hesitate to treat them as objects of psychological research".²⁷

And finally, Broad's account of the person's failure to notice the spectacles, staring him in the face, can be rejected on the basis of our current psychological theories, such as information-processing theory. Broad argues that in the case described by him there was no perception at all, whereas in the view of information-processing theory this would be a case of unattended perception, processed by the subject at a high level, which cannot be accounted for without appealing to mental terms (e.g. perception, not paying attention), contrary to Broad's beliefs.

There is a widespread view that by introducing unconscious desires, feelings, etc., Freud made a radical shift in our ordinary understanding of these concepts. According to A. Goldman, for example, such a notion as that of unconscious desire "is one that violates one of the main criteria for the ordinary notion of desire ... It is part of our notion of an ordinary (occurrent) desire that an agent is aware of his desire".²⁸ But others, like Dilman, believe that the notion of unconscious mental processes have the same logical status as that of conscious mental processes. "What makes statements about unconscious wishes and motives explanatory is not different from what makes those about conscious ones explanatory", according to Dilman.²⁹ As far as the first view is concerned we already came across it in Sartre and Descartes. We have argued above that such a view is untenable. Now we want to show that the notion of the unconscious doesn't violate our ordinary usage of such terms as desires, feelings, etc. Common sense psychology, although it is based on the

assumption that on most occasions people do know what they want, how they feel, what motives guide their actions, etc., doesn't, however, exclude the possibility that on some occasions the subject of these processes and states might be unaware of having them. Whether this kind of unawareness is the same as that implied by the Freudian notion is of course a different story and needs a further argument. Let us, therefore, consider different circumstances in which a common man would be prepared to say that someone is unaware of his mental states.

Firstly, such unawareness might be due to a lack of attention on the part of the subject. For example, people hold many beliefs on which they do not dwell all the time. And when they do not think about their beliefs we can say that they are not aware of them on those occasions. This applies not only to beliefs but to dispositional states in general, such as desires and traits of character.

Sometimes people are unaware of their mental states because they do not reflect on them. Speaking of mental states such as feelings we sometimes say that although he nourished them for a long time a person didn't realize them until now. A boy, for instance, might be aware that he was enjoying the presence of a particular girl on several occasions, that he was annoyed when she was criticised by other people, etc., without realizing until now that he is in love with her. He has been aware of each individual state when he had it but he didn't reflect upon it in a way that allowed him to recognise the similarity between the mental phenomena in question and those which are commonly called 'love'.

There are cases when we say of a person that he doesn't know what he really wants, because after desiring something for a long time he is not happy or satisfied when he gets it. It could be the case that a person in question saw only the bright side and not the dark side of the desired object, so that reality didn't measure up to his expectations. We can

say that he was ignorant of the different aspects of his desired object and understood them only when the reality corresponding to it became true.

Some people do not understand and therefore are not entirely aware of their mental states because they lack the skill to spell them out. And ability to describe one's feelings and other mental states is something which can be learned. Children, therefore, are less skilful in articulating their feelings than grownups. There are also differences in this respect between grownups themselves; writers might be better at it than others.

Would these be examples of the unconscious mental processes the psychoanalysts are concerned with? Certainly not. Freud didn't postulate this notion merely to fill the gaps or discontinuities of mental life, as is the case with dispositional mental states for example. In his view unconscious states can be active in the person, exerting their influence on his behaviour, like the hypnotist's order acting on the subject without the person being aware of their presence at the same time. The unconscious mental processes the psychoanalysts are talking about can be explained neither in terms of the subject's lack of skill to spell them out (as with children sometimes) nor in terms of not reflecting on one's feelings (which also happens to grownups). These two kinds of mental state do not require some special conditions for avowals by the subject in question, but unconscious mental processes cannot usually reach consciousness without some emotional changes taking place (of which we will learn more in due course), and sometimes psychotherapy is the only means to bring that about. We cannot also account for them in terms of graduation of awareness because, as Freud was able to show, their influence on the person's behaviour could be as strong as conscious ones and the persistence with which they occur, as in the case of phobias, could be even stronger than that of ordinary fear. All these cases, therefore, would not be regarded by psychoanalysts as unconscious but as preconscious mental processes.³⁰

But there are other cases of behaviour, however, which the psychoanalysts would certainly regard as expressions of unconscious mental states and processes. We have learned from writers and poets that it is possible for people to act on unconscious motives, and the situations they describe sometimes resemble very closely the kind of cases Freud and his followers were interested in. According to literature, people can fail to remember things which are shameful, fail to understand their own feelings when such understanding becomes disturbing and disconcerting, and don't see the motives for their behaviour which if clearly understood would frighten or shock them. Freudian ascriptions of unconscious mental processes, just like literary ones, don't concern trivial things but usually have to do with deeply personal situations, capable of provoking unpleasant feelings or even a threat to the personal integrity of the subject, if he was fully aware of his position. Both Freud and literary writers suggest that precisely because of the disturbing nature of such situations, the person fails to remember it, cannot understand his emotional reaction towards the circumstances he is in, or fails to see the significance of his behaviour. The experience such people are going through is reflected in their behaviour. There is often a kind of ambivalence about what they say and do. Pavel Pavlovitch, Dostoyevsky's hero, for example, doesn't behave at all in a way which would be characteristic of a man who wants to kill somebody in cold blood. He expresses affection towards his victim, shows genuine concern when he becomes ill, and yet other things he does suggest that he wants to kill him, and he has a strong motive for doing so, because the man he used to admire and respect, his best friend, turned out to be the lover of his dead wife. Dostoyevsky's phrase "tried to murder accidentally" expresses very well the ambivalence of his behaviour and complexity of his motives. The behaviour of the neurotic subjects described by Freud, which is going to be analysed in detail

later on, often shows the same ambivalence. What they do and say in certain circumstances suggests to the observer that there must be a motive behind it, but when the subject hears about this motive he either seems to be genuinely surprised or denies it, as Pavel Pavlovitch probably would.

Even a brief and restricted inquiry into literature, like the one presented above, makes it clear that there is a genuine similarity between Freud's attribution of unconscious mental processes and literary accounts of human behaviour. What are then Goldman's reasons for saying that the notion of unconscious desire or feeling violates our ordinary use of such terms? Does he want to exclude literary usage from what we mean by ordinary language? If he does he is wrong for the following reasons. Literature doesn't employ technical terms as psychology, including psychoanalysis, does. We don't have to learn any special vocabulary to understand literary works. It is also the case that writers and poets don't usually talk about phenomena which are new to us, such as post-hypnotic or neurotic behaviour which Freud himself refers to amongst many other things, but describe everyday life situations which all of us are familiar with. It would be wrong, therefore, to exclude literary vocabulary from ordinary language and in fact we don't do that. Goldman's thesis that the use of the notion of unconscious motives is a radical departure from ordinary language is false. What is wrong with some philosophical claims is that they are based on a restricted diet of relevant examples, as Wittgenstein once put it, and Goldman seems to suffer from this deficiency disease.

Although ordinary language provides the foundation for the Freudian notion of unconscious mental processes, and his explanation of human behaviour has its roots in common sense psychology, there are, however, ways in which Freud diverges from them. Firstly, his account of unconsciously motivated behaviour is much more systematic than that which

can be found in common sense psychology. Although poets and writers looked sometimes at phenomena, such as dreams and errors, as being an expression of motives, both conscious and unconscious, it took Freud to incorporate them with intentional behaviour, or as significantly linked to such behaviour, in a regular fashion. His reasons for doing this was his observation that a person's purposeful behaviour can have a significant connection with other events in his life. For example, suppose a person did everything to become a professor and then he had a dream in which he was already one, or made a slip of the tongue in which he referred to himself as professor, although he didn't possess this title yet. And it is in virtue of this meaningful relation that the notion of wish becomes applicable to the person's dream or slip of the tongue also. Any attempt to connect these phenomena with the rest of the person's behaviour in a systematic way should be taken seriously. That shouldn't exclude a critical approach to the particular cases of such incorporation and particular cases of extension of the usage of terms such as wishes, feelings, etc., if the justification provided is not sound enough.

Secondly, the psychoanalytic application of the notion of unconscious mental processes has a wider range than that of ordinary concepts. Apart from applying it to ordinary behaviour and familiar phenomena, Freud also uses it to describe and explain some very peculiar phenomena, mentioned already, such as post-hypnotic behaviour and neurotic symptoms, about which the ordinary man knows nothing or very little. When faced with such phenomena we are often unable to understand them and have to appeal for help from an expert, including the psychoanalyst himself. Suppose we are faced with a hand-washing ritual performed by a neurotic person. Many of us would say, or at least people said so before Freud, that the person's reason for washing his hands is to keep them clean. But it is not the way the psychoanalyst would look at such behaviour and he certainly wouldn't stop his inquiry into person's motives at this point.

He would be interested to learn why the person is so preoccupied with hygiene that there is little time left for him to do other, more important, things. And he might, for example, suggest that the person's washing ritual has more to do with his feeling of guilt rather than with his desire to keep his hands clean, despite what he himself says. So the motives the psychoanalyst is referring to could be quite different from those quoted by an ordinary man in similar circumstances. Other phenomena, quoted by Freud, such as hysterical paralysis of limbs, hysterical blindness, etc., again are something we are not really familiar with. But when we do come across such things we usually look at them as physiological phenomena and don't apply to them either conscious or unconscious motives. Freud's knowledge of physiology, however, enabled him to realise that the hysterical blindness or paralysis don't look at all like ordinary paralysis or common blindness and that we cannot explain them without appealing to certain psychological factors. By ascribing to people different motives, by looking at certain apparently somatic phenomena as being influenced by psychological rather than physiological factors, contrary to the common way of looking at these phenomena, Freud indeed behaves like the anthropologist from Margolis's picture, who brings a new order into the natives' perception of themselves. But this new order applies only to certain aspects of the natives' behaviour which they failed to recognise themselves, while other aspects had been anticipated by them quite well, so far at least, much better than Margolis seems to imply.

What we have learned so far is that the Freudian notion of unconscious mental processes, contrary to some beliefs, doesn't violate the criteria of application for our ordinary concepts. When writers ascribe to people desires, feelings, etc., on the basis of their behaviour, despite their sincere denial of expressing any such thing, the strategy they use is very similar to that adopted by Freud. We have also observed

that by redescribing human motives and by extending the range of application of the concepts of desire, feelings, etc., Freud diverges from ordinary language, but there is room in ordinary language for such a divergence. We can say, therefore, that ordinary language provides a basis for the Freudian notion of the unconscious mental processes. But what Freud erects on this foundation goes far beyond ordinary language and common sense psychology. Suppose the following happens in a psychoanalytic session. An analyst gives his patient some interpretation of his behaviour to which he replies: "You offer your analysis with great circumcision". But immediately the patient apologizes and suggest that what he really wanted to say was: "You offer your analysis with great circumspection". In other words the patient made a slip of the tongue. Common sense psychology when faced with a situation of this kind may or may not proceed further. Those of us who are more inquisitive than others might feel that the word the subject happened to say is rather striking, given the circumstances, and would therefore look for some explanation of this fact. Others might not see anything striking in the subject's slip of the tongue and thus wouldn't pay any further attention to it. For Freud and his followers, however, the patient's slip of the tongue is only a starting point and they wouldn't rest as long as the slip itself is not explained. Why does a psychoanalyst think that there is a need for further explanation here? Because the context in which the slip occurred, the kind of slip made, the patient's expression of consternation, etc., all suggest to him that the slip couldn't possibly be accidental and that some motive must have contributed to its formation. Since the patient is unaware of any such motivation the psychoanalyst calls it an unconscious motive. What he has to do now is to find what this motive was. From other responses of the subject in the psychoanalytic session, from the kind of free associations he produces, etc., the psychoanalyst might further conclude that it was

an unconscious fear of being castrated by the father, which influenced the subject's slip of tongue. The fact that the slip occurred during the session in which the patient's attitude towards men, including the psychoanalyst and his father, was a predominant theme might suggest to the psychoanalyst that his patient was undergoing what is called a transference situation. The analyst became for him a kind of father figure and the patient's childhood fear of his real father came to life again, producing his slip of the tongue. The next step the psychoanalyst takes is to explain why the motive which influenced the subject's actual response is not known to him. To do that he postulates a process or an act which prevents the subject from realizing his real motive, i.e. an act of repression, which is itself an unconscious process. According to him, it is the act of repression which is responsible for producing a compromise-formation between two motives. The intention to say "You offer your analysis with great circumspection" was something the person was aware of. But another motive, i.e. an unconscious fear of being castrated, which became active in him at that time, disturbed his intended verbal response and produced the slip, whose content expressed this very fear. We do not have to follow the psychoanalyst's account further to see what he is doing when faced with the behaviour of his patient. To explain that behaviour he makes inferences which go far beyond what he directly observes in the consulting room and employs concepts (repression, compromise-formation, transference situation) which are not ordinary concepts at all. What he is doing is, therefore, very similar to what scientists do when they try to explain phenomena in terms of theories. The analyst appeals to a theory of human behaviour put forward by Freud. Since the notion of the unconscious mental processes is a part of that theory, its status cannot be judged in isolation from other concepts and hypotheses of that theory. As MacIntyre in his book The Unconscious put it:

"Freud's psychoanalytic technique no less than his doctrine of the mind depends on certain key theoretical concepts which can only be understood in terms of each other. This mental interdependence of concepts in the closely woven fabric of a general theory is nothing new in the history of science. The interrelation of 'mass', 'velocity' and 'force' in Newtonian mechanics springs to mind immediately. But clearly, a comprehensive theory whose concepts are thus interwoven stands all the more in need of justification as a whole. And the whole concept of the unconscious stands or falls with this general theory".³¹

What we have to do now is to look, therefore, at Freudian theory and see how the notion of unconscious mental processes functions in it.

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Ch.2 FREUD'S EXPLANATIONS OF SYMPTOMS, DREAMS AND ERRORS
 IN TERMS OF UNCONSCIOUS MENTAL PROCESSES.

Before Freudian theory is discussed, however, it is important to notice that it has certain peculiarities which are relevant to its viability as a scientific theory, but which were unnoticed or misunderstood by its critics. When we talk of scientific theories we usually mean a unified set of general propositions which can be tested by deducing some empirical consequences from them. This picture applies to many physical theories, such as the theory of relativity for example, but not to various theories in psychology, for instance. And it is certainly not true of Freudian doctrine, which has quite a different structure altogether. Firstly, as B.A. Farrell pointed out, psychoanalytic theory is not unified, but consists of a collection of parts.¹ These parts are often referred to as theories or subtheories. Psychoanalysts talk of the Freudian theory of personality and its formation, the theory of psychopathology, the theory of the unconscious and others. There is some connection between these subtheories, for example an understanding of the structure of personality and its development is relevant to understanding psychopathology i.e. what goes wrong in the psychological development of some individuals, but it is not the case that if the psychopathological hypotheses, for example that paranoia is a defence against homosexuality, turned out to be false, that would immediately upset all developmental hypotheses. Thus questions as general as "Is psychoanalytic theory true?", or "Is psychoanalytic theory testable?" are entirely misconceived. But similar questions can and should be asked about the particular parts of Freudian doctrine.

Secondly, there is a further peculiarity of the psychoanalytic theory, often unnoticed, but again very important to its viability as a scientific doctrine, namely, its hierarchical structure. The psychoanalytic generalizations appear on two levels. Psychoanalysts themselves often refer to them as Freud's Clinical Theory and Metapsychology. Since what

is called "Clinical Theory" doesn't deal exclusively with pathological behaviour, (though hypotheses about such behaviour form an important part of it), it is rather misleading to call it by this name. B.A. Farrell talks of Low Level and High Level theories, and I am going to follow his usage.² The former, although it contains some theoretical terms, such as "repression", and hypotheses which go beyond what is directly observed in a consulting room, nevertheless makes some reference to the observable behaviour. The High Level theory on the other hand is concerned with the machinery of the mind. It tells us, for example, that the mind functions according to a principle of inertia, i.e. that it tends to keep the total quantity of excitation within the system as low as possible, and this can by no means be inferred from the behaviour of people during analysis. In other words the two theories differ in their subject matter. One is trying to explain human behaviour, while another is preoccupied with the machinery of the mind. They also employ a different vocabulary. In the High Level theory we come across such terms as "psychic energy", "discharge", "drive", etc., which look like physical terms of the natural sciences. Low Level theory, on the contrary, often employs intentional terms such as "unconscious motivation", "anxiety", etc. That means that they require quite different methods of validation. The Low Level theory uses a method of verbal interpretation of the patient's behaviour and the techniques of free associations, which are unique to psychoanalysis, whereas, the High Level theory might be validated by neurophysiological or similar methods, as Freud himself seemed to think at one stage.

Unfortunately, in Freud's writings the two levels and the terminology corresponding to them is often confused, hence certain misunderstandings of his doctrine by many of his critics. They reached their conclusion concerning the scientific status of psychoanalysis on the basis of High Level theory alone and then applied it to the whole of Freudian doctrine, as K. Popper did for example. According to him, the psychoanalytic doctrine

is closer to a myth than to a scientific theory because "as for Freud's epic of the Egos, the Super-Egos, and the Ids, no substantially stronger claim to scientific status can be made for it than for Homer's collected stories from the Olympus".³ But even if Popper's conclusion could be proved right as far as High Level doctrine is concerned, it is neither justifiable nor true about Low Level theory. To avoid such misunderstandings some contemporary psychoanalysts try to keep the two kinds of terminology apart and are more explicit about their different jobs within Freudian doctrine.⁴

The distinction made above applies also to the Freudian doctrine of the unconscious and unconscious mental processes, which is our main interest here. The part of High Level theory which is most relevant to the doctrine of the unconscious is the so called topographic point of view which provides us with the "structure" of the mind. Here Freud divides the mental apparatus into three systems: Unconscious, Preconscious and Consciousness. The mode of functioning of each system is discussed. We are told, for example, that the system of the Unconscious operates according to primary process formations. Freud is also interested in the mechanism responsible for this kind of functioning. As far as Low Level theory is concerned, it is the doctrine of repression which is directly relevant to the considerations of the unconscious mental processes. This doctrine tries to show why certain mental processes cannot reach consciousness or why they become unconscious. Like the whole of Freudian theory the doctrine of unconscious mental processes suffers from the same confusion between two different levels and two kinds of terms. It is worth noticing, however, that when Freud is talking about mental topography the notion of the unconscious has usually the grammatical form of a noun, whereas it is used in an adjectival form when it appears in empirical hypotheses concerning different aspects of human behaviour, i.e. Low Level formulations. But even when the grammatical difference fails us in keeping

the distinction clear, which it often does, we should still be able to make the distinction between these two kinds of propositions on the basis of their job within Freudian doctrine.

The foundations of the Low Level theory, and of the whole of psychoanalysis in fact, consist in the interpretations of behaviour in certain situations. As Kubie, a contemporary follower of Freud, observed "Analysis stands or falls by the validity of its specific interpretations in specific instances".⁵ By interpreting many instances of the patient's behaviour, whom he observes for months or even years, the psychoanalyst can reach some conclusions about what sort of person he is, how his personality was developed and what is the nature of his problem. In other words on the basis of his interpretations of the patient's behaviour the psychoanalyst can make some generalizations about a particular individual he is confronted with. Observation of more individuals and their case histories enables him in turn to reach some conclusions about people in general, i.e. how they function, what goes wrong with them, etc., and thus to formulate general hypotheses about the structure and development of personality, psychopathological hypotheses and others. This seems to be the way in which Freud himself formulated his doctrine and how his followers still proceed when they apply his hypotheses to the cases they themselves are confronted with. It is important, therefore, to examine how sound this foundation is, before even looking at the structure of generalizations that has been erected on its basis. Freud's interpretations of human behaviour, as we were able to learn already, concern very diverse and heterogeneous phenomena, extending from the interpretation of dreams at one end to certain forms of social behaviour at the other, with interpretations of symptoms, errors, jokes, etc., in between. Instead of concentrating on all these phenomena, we will concentrate on the interpretations of symptoms, dreams and errors, which are the most specific to psychoanalysis. What interests us here is what kind of interpretations Freud gives for these phenomena,

how these interpretations are reached and whether there is a reliable procedure available to us for testing them.

(A) Interpretations of Symptoms

In Freud's view "neurotic symptoms have a sense, like parapraxes and dreams, and, like them, have a connection with the life of those who produce them."⁶ He also wrote "The sense of a symptom lies, as we have found, in some connection with the patient's experience. The more individual is the form of the symptom the more reason we shall have for expecting to be able to establish this connection."⁷ To substantiate these views Freud appeals to various examples of symptoms. Before we look at these it is useful, however, to draw a distinction between various kinds of symptoms. Firstly, there is a group which can be called somatic. Hysterical paralyses of limbs, hysterical vomiting, etc., are examples. Secondly, there are symptoms which have to do with the person's feelings or thoughts. Some patients suffer from a pathological feeling of jealousy. Others are preoccupied with obsessional thoughts, as in the case of the Rat Man, who suffered from obsessional thoughts that the rat torture might happen to his father and fiancée. In other words these symptoms affect the states of the person's consciousness, his feelings in particular. We can refer to them as symptoms of states of consciousness. And lastly, symptoms can manifest themselves in the person's behaviour. Some neurotic patients endlessly wash their hands, others perform strange rituals before going to bed, or other strange things. These can be called behavioural symptoms.

Apart from the term "somatic symptom", this terminology is not used by Freud himself; he doesn't make such a sharp distinction between these different kinds of symptoms. There is some reason for this, for in practice symptoms usually do not appear in such pure forms. If a person has an obsessional thought that something awful might happen to his father, as in

the case of the Rat Man, he usually does something strange in order to prevent it. Thus various kinds of symptoms often appear together. Also despite their different manifestations, they can have similar aetiology, which is a further reason for not making a sharp distinction between them. Such a distinction is, however, important for logical reasons. To say, for instance, that compulsive hand-washing has a sense is quite different from saying that hysterical vomiting has a sense. Hand-washing, even if it is compulsive, is very similar to an intentional action. And if so, we can ask what is the person's reason or motive for washing his hands. And to understand the motive or reason for some behaviour is to understand its meaning, according to Freud. But to talk about hysterical vomiting, as having sense, sounds paradoxical. Vomiting or other somatic symptoms do not look like actions at all. We usually explain such phenomena in terms of physical causes. So the claim that somatic symptoms have meaning cries out for justification. Let us see then what justification can be given in their case.

Somatic Symptoms

As an example of a somatic symptom having sense, Freud quotes Frau Cacilie's case of a facial neuralgia. It appeared suddenly two or three times a year, lasted for from five to ten days, resisted any kind of treatment and then ceased abruptly. It was limited to the second and third branches of one trigeminal. When it appeared Frau Cacilie suffered from pain in her face which was made worse by opening the mouth and chewing but not by talking.⁸ What sense could this symptom possibly have? We know nothing about facial neuralgia but we are convinced that its explanation can be given in terms of physiological causes. Unlike us, however, and fortunately for him and his patients, Freud knew something about facial neuralgia and was able to notice an interesting thing about

Frau Cacilie's symptoms. He was struck by the fact that her neuralgia was restricted to the second and third branches and that it was made worse by opening the mouth and chewing though not by talking. In other words he noticed that her symptoms were rather unusual, in the same way as some hysterical paralyses are. In the case of hysterical paralysis the following interesting thing was revealed. If an hysteric has a paralysis of the arm it usually corresponds to that part of it which is unclothed by a sleeveless dress. If she has a paralysis of the leg it extends as far as its insertion into the hip. This is a very striking phenomenon because the hysterical paralysis doesn't correspond to the anatomy of the nervous system but behaves in accordance with our ordinary concept of the body. As Freud put it "hysteria behaves as though anatomy did not exist, or as though it had no knowledge of it."⁹ This revelation that hysterical paralysis behaves in accordance with the common sense concept of the human body enabled Freud to discover a psychical factor in its formation. Since Frau Cacilie's symptoms, like hysterical paralysis, had some unusual features about them it made Freud suspect the presence of the psychic factor behind them too. His suspicion was soon confirmed. The patient reported the following traumatic scene she went through. She

"saw herself back in a period of great mental irritability towards her husband. She described a conversation which she had with him and a remark of his which she had felt as a bitter insult. Suddenly she put her hand to her cheek, gave a loud cry of pain and said. 'It was like a slap in the face.'"¹⁰

We are told that after she reported the scene to Freud, her pain and attack were both at an end, although it came back later on. According to Freud "There is no doubt that what had happened had been a symbolization. She had felt as though she had actually been given a slap in the face."¹¹ He called the mechanism responsible for her symptom formation conversion. Such conversion consists, in Freud's view, in a transformation of a mental pain into a somatic symptom which may be either motor (e.g. paralysis) or

sensory (e.g. localised anaesthesia or pain). What is specific to conversion symptoms is their symbolic meaning, i.e. somatic symptoms having a symbolic relationship to the subject's traumatic experience. It needs explaining what Freud means by 'symbolic' here. The phrase 'slap in the face' can be used to describe a real event when the person is actually given a slap in the face. In such case it has literal meaning. But on other occasions it might not refer to the actual event, e.g. in "What he said was like a slap in the face to me", but to some insulting words. Since in the second phrase the meaning is not literal, we can call it symbolic. And because Frau Cacilie's pain wasn't produced by the actual slap in the face but by insulting words from her husband that is why Freud wants to say that her symptom had symbolic meaning. If we don't like the word 'symbolic' here we can simply say that her symptom took a form which expressed her feeling as if she had been given a slap in the face.

A further example of a somatic symptom of this kind is that suffered by a twelve-year-old boy, who came home from school feeling unwell. He suffered from anorexia, vomiting and difficulty in swallowing. We are told that in response to strong appeals from his mother to tell why he became ill so suddenly, he burst into tears and reported the following traumatic experience.

"While he was on his way home from school he had gone into a urinal, and a man had held out his penis to him and asked him to take it into his mouth. He had run away in terror, and nothing else had happened to him. But he was ill from that instant."¹²

As soon as the boy made his confession his symptoms disappeared completely. What is the meaning of this somatic symptom? We read

"In order to produce the anorexia, the difficulty in swallowing and the vomiting, several factors were required: the boy's innate neurotic nature, his severe fright, the irruption of sexuality in its crudest form into his childish temperament and, as the specifically determining factor, the idea of disgust."¹³ (my italics).

In this case too there is a connection between the person's feelings and the form of his symptoms, i.e. his feeling of disgust was expressed by his vomiting and difficulty in swallowing. It is interesting to notice that in ordinary language we have phrases like "It makes me sick" or "I cannot swallow that" to express our feeling of disgust. They do not stand for actual sensations but are used metaphorically or symbolically, yet the boy was behaving as if he was taking them literally. Freud wrote

"In taking a verbal expression literally and in feeling the 'stab in the back' or the 'slap in the face' after some slighting remark as a real event, the hysteric is not taking liberties with words, but is simply reviving once more the sensations to which the verbal expression owes its justification".¹⁴

We could stop our discussion of the examples of the somatic symptoms at this point. There are, however, some interesting differences between them. Not all of them are produced by traumatic experience for which something external, usually other people, has to be blamed, as in the examples discussed so far. Not to miss the differences and also to understand better Freud's general claims let us look at further cases of somatic symptoms. An interesting somatic symptom was exhibited by another of Freud's patient, called Frau Emmy von N. Among other things she suffered from a tic in the form of a clacking with the tongue, which occurred over a period of many years whenever she felt excited. In her waking state she knew nothing of the precipitating cause of her clacking. "I don't know; oh, a very long time" was her reply to the Freud's inquiry about her symptom. But under hypnosis, however, she was able to recall the circumstances in which the clacking sound of her tongue had first occurred. Many years ago she was sitting by the bedside of her younger daughter who was very ill. After a long period of wakefulness the child at last had fallen asleep. She tried her utmost to keep quiet in order not to wake the child, but just in consequence of this resolution her tongue started making the clacking noise. Freud's explanation of this symptom runs as follows.

"Our hysterical patient, exhausted by worry and long hours of watching by the bedside of her sick child which had at last fallen asleep, said to herself: 'Now you must be perfectly still so as not to awaken the child.' This intention probably gave rise to an antithetic idea in the form of a fear that she might make a noise all the same that would wake the child from the sleep which she had so long hoped for. Similar antithetic ideas arise in us in a marked manner when we feel uncertain whether we can carry out some important intention."¹⁵ (my italics)

And then he adds

"It appears that a conflict (my italics) had occurred between her intention and the antithetic idea (the counter-will) and that this gave the tic its discontinuous character and confined the antithetic idea to paths other than the habitual ones for innervating the muscular apparatus of speech."¹⁶

So the mechanism responsible for her symptom-formation was that of conversion, as in the previous two examples. In those cases conversion consisted in the transformation of the person's strong emotions, the feeling of disgust in the boy's case and the feeling of being insulted by the husband in Frau Cacilie's case, into a somatic reaction. Here too we have a somatic reaction influenced by the person's mental state but Freud is at pains to specify that state precisely. He talks about an antithetic idea or counter-will, by which he means a feeling of anxiety that one's intention is going to fail. So what was responsible for Frau Emmy's conversion, in Frau's view, was her fear that her intention to keep quiet, which she tried to carry out to her best, was not going to be successful. And to her astonishment it wasn't.

This explanation is an example of Freud's doctrine of counter-will which represented one stage in the evolution of his views concerning symptoms. Let us say a few words about this stage. Many cases of somatic symptoms he came across could be explained in terms of traumatic experience, for which some external factors were responsible. But there were also cases, like this one, where he couldn't appeal to any external trauma.

To account for such cases Freud tries to appeal to an internal conflict experienced by the person in question. It was usually the conflict between the subject's intention to bring something about or prevent something from happening, and his anxiety that he is not going to succeed in doing so, just as in Frau Emmy's case. But this doctrine of counter-will failed to explain how the antithetic idea, i.e. the fear that one is not going to succeed in the attempt, comes about. Because of this and other difficulties, this doctrine was soon abandoned and replaced by what can be called Freud's mature doctrine. His mature view is in some ways a reversal of the theory of counter-will. An antithetic idea or counter-will became the repressed wish or feeling beyond the ego's control. In the light of his later views, therefore, Frau Emmy's tongue clacking wouldn't be explained by Freud in terms of the antithetic idea but in terms of the repressed wish or feeling. We have enough material to try to reconstruct what his later explanation of this symptom would be. We are told that the patient expressed a lot of grievances against her daughter during analysis.

"And there now followed in chronological order her grievances against this child, which she threw out rapidly with an angry look on her face, in the way one would speak of someone who had become a nuisance. This child, she said, had been very queer for a very long time; it had screamed all the time and did not sleep and it had developed a paralysis of the left leg, which there had seemed very little hope of curing. When it was four it had visions; it had been late in learning to walk and to talk, so that for a long time it had been believed to be imbecile."¹⁷

She only stopped her grievances against her daughter when Freud pointed out to her that this same child was today a normal girl and in the bloom of health. On one occasion she also said "I have told you that I was not fond of the child. But I ought to add that one would have not have guessed it from my behaviour. I did everything that was necessary. Even now I reproach myself for being fonder of the older one".¹⁸ Given this information it is not difficult

to make the connection between the patient's symptom and her feeling of hostility towards her child. When she was looking after her ill daughter she was probably trying very hard to suppress her hostility towards her. So it was not just an innocent antithetic idea that she might not succeed in keeping quiet in order not to wake her child, but her anxiety that she might not be able to control her hostile feelings. Freud was right to say that she experienced an internal conflict. But again, it wasn't just conflict between her intention and the antithetic idea, but the conflict between the hostile feeling towards her daughter and the desire to be a good mother after all, as she herself put it "to do everything that was necessary" so that "one would not have guessed it from her behaviour". We can say, therefore, and probably the later Freud would not disagree with us, that the Frau Emmy's symptom was produced by her feeling of anxiety that she might fail to control her hostility towards her daughter.

The next symptom we are going to look at is Dora's abdominal pains. In her case Freud doesn't appeal to his doctrine of counter-will but tries to explain her symptom in terms of a repressed wish. The patient complained of the abdominal pains, had not been able to walk properly and had dragged her right foot. The doctors whom she had consulted at her father's desire had been very much astonished at this most unusual after-effect of an appendicitis, especially as the abdominal pains had not recurred and did not in any way accompany the dragging of the foot. This unusual character of her symptoms made Freud suspect that he was faced with another hysterical phenomenon. He also became convinced that her symptoms could have some connection with Dora's experiences with Herr K., as with other problems of this patient he was already able to throw some light upon. Herr K. was a friend of Dora's father and the husband of his mistress. Herr K. himself was interested in Dora and expressed his interest quite openly. Dora's father, however, in order to continue his relationship with Frau K. closed his eyes to Herr K.'s behaviour towards his daughter. During

the analysis the girl confessed to Freud that at one stage she was in love with Herr K., but that she didn't love him any more. She also disclosed that there were several occasions on which he made advances to her and one of them took place while they were on a walk after a trip upon the lake. On that occasion he made an 'immoral' proposal to her to which she reacted by giving him a slap in the face. It needs explaining why Dora reacted to Herr K.'s proposal in such a way if she was in love with him, at least had been in love at some stage as she had claimed. It was revealed later on that the girl had learned from K. family's governess that Herr K. had previously had an affair with her too, although she was abandoned by him at the end. The governess told Dora that Herr K. had made advances to her at a time when his wife was away; he had made violent love to her and had implored her to yield to his entreaties saying that he got nothing from his wife. So when, during the scene by the lake Herr K. used the words "I get nothing out of my wife" to her - which were the same words he had used to the governess - Dora felt that he was going to treat her in the same way as he treated the governess. But how is all this relevant to Dora's abdominal pains? To see the connection let us hear from Freud what further information was given to him by Dora.

"I therefore asked Dora when this attack of appendicitis had taken place; whether it had been before or after the scene by the lake. Every difficulty was resolved at a single blow by her prompt reply "Nine months later." The period of time is sufficiently characteristic. Her supposed attack of appendicitis had thus enabled the patient with the modest means at her disposal (the pains and the menstrual flow) to realize a phantasy of childbirth. Dora was naturally aware of the significance of this period of time."¹⁹

In Freud's view, then, Dora's abdominal pain expressed her unconscious wish to give birth to a child by Herr K., and her symptom represented her wish as fulfilled, just as some dreams do. And for this reason, as in the case

of dreams, Freud talks about symptoms being the fulfillment of wishes. But what about an unusual after-effect of Dora's appendicitis, namely, her difficulties with walking and dragging of the foot. According to Freud, they could mean "she had made a 'false step'; which was true indeed if she could give birth to a child nine months after the scene by the lake."²⁰ What was Dora's reaction to this interpretation of her symptoms? We are told that she disputed it no longer. Although Freud himself didn't do it, it could be interesting to compare Dora's symptoms with the phenomenon of a phantom pregnancy. Some women who have a strong desire to have a child, although they know, for instance, that they cannot have one or who, like Dora, hadn't been even deflorated, exhibit the symptoms of being pregnant, including morning sicknesses, growing of the belly, etc. I suppose this phenomenon too could be explained in terms of the woman's strong desire to become pregnant and have a child.

Let us see in more detail what we can learn from these examples so far. We said at the beginning that somatic symptoms are phenomena which are usually explained in terms of physiological causes. Freud doesn't deny that the majority of somatic symptoms, including some cases of paralysis, vomiting, etc., can be indeed explained in anatomical terms. Why does he think that some somatic symptoms can be explained in physical terms alone, whereas others cannot be understood without appealing to psychic or mental factors. Suppose we come across some somatic symptoms which have unusual features, like the case of hysterical paralysis already mentioned. If we are familiar with the anatomy of the nervous system we know what part of the body should be affected by it. But we observe that the person's paralysis doesn't correspond to the anatomy of the nervous system but to his common sense conception of his body. How are we to explain this paradoxical fact in anatomical terms alone? Nobody has succeeded in doing so and I doubt whether we can do so in principle. But if we appeal to psychic factors, as Freud did, the phenomenon ceases to be

paradoxical even if at the moment we are unable to explain in detail how it is that the person's subjective idea of his body influences the form of his paralysis. In other words some somatic symptoms would remain totally unintelligible to us if we do not appeal to the mental states of the person who exhibits them. Some philosophers suggest that by trying to describe and explain somatic phenomena in intentional terms Freud has revolutionized our conception of the mental. Freud indeed has changed our way of looking at some somatic symptoms. But it is not true to say that what he did was entirely new to us. There are some somatic phenomena which we also explain in psychological terms. Take for instance vomiting. When people vomit we usually blame such things as rich food, tainted meat or some other such things, i.e. we explain it by appeal to physical factors. But we also know very well, sometimes from our own experience, that vomiting can be induced by the mere idea of having partaken of any unusual food, as of an animal which is not commonly eaten; although there is nothing in such food to cause the stomach to reject it and it didn't do so before we learnt what we have eaten. In such cases vomiting is excited by the mere idea of disgust at having eaten something unusual. We also hear stories about orthodox Muslims having violent attacks of vomiting not only when they have learned that what they have been eating was some pork but even when they saw other people eating it. We do not need to know much about anatomy to understand that their vomiting is produced by their feeling of disgust which they have acquired from early childhood by being told that pork is not edible. So we do look at some somatic symptoms as Freud did. The reason why we didn't perceive hysterical paralysis or some cases of facial neuralgia in that way is because we are less familiar with them.

What we have learned from Freud so far is that some somatic symptoms can be produced by the person's feelings and the form they take usually expresses these feelings. We also talk of intentional actions as being expressions of people's feelings. That seems to suggest that there is some similarity between intentional actions and somatic symptoms. Let us look more closely at what this similarity might be. One of the criteria by which we identify an intentional action is its being voluntary. But is hysterical vomiting or paralysis voluntary? They do not seem to be under the person's control at all and if so they cannot be voluntary. Freud sometimes talks, however, as if somatic symptoms were something the person can choose and control, as in the following passage. "I could not help thinking that the patient had done nothing more nor less than look for a symbolic expression of her painful thoughts and that she had found it in intensification of her suffering."²¹ "Had done", "look for" are voluntary terms. But we shouldn't be misled by Freud's use of metaphorical language here. In fact there are several passages where he explicitly asserts that somatic symptoms of this kind are not voluntary acts. He said, for instance,

"It is my opinion, however, that when a hysteric creates somatic expression for an emotionally-coloured idea by symbolization, this depends less than one would imagine on personal or voluntary factors"

He also wrote

"I cannot, I must confess, give any hint of how a conversion of this kind is brought about. It is obviously not carried out in the same way as an intentional and voluntary action"²² (my italics).

This implies that somatic symptoms are not voluntary, in Freud's view. But let us not accept this conclusion without qualification. It is possible to argue that somatic symptoms of this kind, although out of

the person's control when they take place, can nevertheless be brought under his control in the longer term, i.e. the person can somehow learn how to prevent them from happening. This is of course one of the main assumptions behind psycho-analytic therapy. Freud was convinced that by making the patient realize the significance of his symptoms, i.e. how they are influenced by his mental states, it is possible to help him get rid of his symptoms. And on some occasions the person's understanding how they were brought about does indeed result in their disappearance. It happened in Frau Cacilie's case, although it wasn't permanent. In the boy's case the symptoms disappeared completely as soon as he made the confession of his traumatic experience. But this doesn't happen with ordinary somatic symptoms. The person's confession, for example, that his vomiting was produced by eating rich food will not stop him vomiting. It is also unlikely that the person's understanding how his facial neuralgia came about, if it is non-hysterical, will make any difference to her symptom. So the somatic symptoms discussed by Freud can be brought under the subject's control even if he was unable to control them originally, in some cases at least. Some of us know from our own experience that it is also the case with vomiting induced by eating an unusual animal, e.g. frogs in France - when we realized on the first occasion what we were eating we couldn't stop ourselves vomiting, but by being persuaded by other people or by ourselves that what is thought to be edible is due to cultural indoctrination we might learn how to enjoy eating the very animal which first produced vomiting. All this suggests that although the somatic symptoms described by Freud are not full-blown intentional actions, they are nevertheless not so far away from them as we might first have thought.

I think, however, that the best phenomena somatic symptoms can be compared with are not intentional actions but laughter and crying. Consider laughter first. Some cases seem to be merely physical reactions, as with

laughter produced by having one's foot tickled by someone else. Such laughter is obviously involuntary. But we also laugh when we hear something funny, a joke or some ludicrous idea. In this second case, some people say that they couldn't stop laughing when they heard something funny, so this kind of laughter can be involuntary too. It is arguable, however, that although both kinds are involuntary, there is an important difference between them. Laughter produced by tickling is the reaction of the person's body, whereas that produced by jokes is the reaction of the person himself.

- To laugh at the joke, even if involuntarily, the person has to understand what was said, to see the point of the joke, even perhaps to share some cultural experience with the teller of the joke. But when the laughter is produced by tickling, there needn't be any such understanding involved, and it can perhaps be explained in physiological terms alone. To explain laughter at a joke requires appeal to intentional terms. This distinction is very similar to that made by Freud, between ordinary somatic symptoms, e.g. vomiting produced by eating over-rich food, and hysterical symptoms, e.g. vomiting produced by disgust.

Crying, although an opposite reaction to laughing, is a phenomenon very similar to it. Like laughter it can be a reflex reaction when produced by severe pain, but crying produced by psychological distress, for instance being told that one's father has been killed, is not a reflex reaction, even if involuntary, and cannot be explained in physiological terms alone. So laughter and crying, when not produced as reflex reactions, are very similar to the somatic symptoms which interest Freud. Given this similarity, we can adopt the same way of talking about some somatic symptoms as we have in the cases of laughing and crying. We ask, for instance, "What was the person's reason for laughing?" or "What was his reason for crying?". Can we ask, by analogy, "What was the person's reason for vomiting?" and then reply by saying "His feeling of disgust", as in the case of the boy described by Freud?

There is no logical incoherence in offering reasons for hysterical symptoms. The notion of reason here is of course different from that which is used in the context of intentional actions. An action done for a reason is done because of a desire and a belief that by doing what he does that agent can satisfy his desire. Thus when we try to explain why somebody goes to a library we can do so by appealing to his desire to have a certain book and his belief that he can satisfy this desire by going to the library. To say that an action is done for a reason is, therefore, another way of saying that it is done with some purpose or end in mind and what the person does is in his view an appropriate means to bring about his end. And to ask a person about the reason for his action is to ask him for what purpose, with what intention, to achieve what end, did he do what he did. But we don't ask people who laugh or cry 'For what purpose or to achieve what end did you do that?' A person might laugh simply because he finds something amusing or cry because he hears something sad. Thus laughter and crying are a person's reactions to something he hears or sees and which he finds funny or sad. So while actions are performed with some end in mind, reactions such as crying and laughing are not done for any purpose. For this reason we don't talk about successful or unsuccessful laughing or crying, although we can talk about actions as being successful or unsuccessful.

This difference can be spelled out further in the following way. When a person performs an intentional action there is usually a relevant belief involved. This belief is about the means to a certain end, such as a belief that by going to the library the person can get the book he wants. A person who cries or laughs usually knows what it is that he is crying or laughing about. Thus when one cries because one's friend was killed in an accident it is because one knows or believes that this has happened. But the person can also react to something, for instance laugh at a funny joke, without believing that what the joke describes is the case. So reactions of this kind might or might not involve beliefs. But even if beliefs are present they are not beliefs about the means to satisfy one's desire or bring about one's end, as in the case of the intentional

action, but about the relevant states of affairs, such as a belief that one's friend is dead for example. Of course, most beliefs about states of affairs, for example, a belief that New York is bigger than Edinburgh, don't make people laugh or cry. These reactions occur only when the person has also a certain attitude to the state of affairs he believes to be the case. Thus the person who cries over his friend's death does so because he would like his friend to be alive. Is this attitude, i.e. a wish or regret, similar to the desires involved in intentional actions? It doesn't have to be, for the following reasons. When a desire leads to an intentional action it is because of the agent's belief, true or false, that he can do something to satisfy it. In other words he thinks that there are means available to him which can be used to bring about his end. But when somebody has a wish, for instance, a wish that he was several years younger than he is, he is aware that there is nothing he can do to change his age. So such a wish cannot become the end of his action. Similarly, the person who reacts to his friend's death by crying doesn't believe that there is something he can do to change the state of affairs he feels unhappy about. Thus he cries because he is unhappy about his friend's death and not because of his belief that crying can make his wish to have his friend alive come true. So crying cannot be said to be a means to an end.

But suppose that somebody who agrees with this can still argue that it can have the function of bringing a relief from unhappiness. Whether this claim is true or not we don't know. But let us suppose that one day psychologists provide us with a plausible theory that shows that crying has indeed some such function. Can we then say that people cry in order to find a relief from something, i.e. that their crying has this very reason? To say that is to confuse functions with reasons. Many things which we do have some functions, but these functions are not necessarily our reasons for doing them. For instance, making love can have the biological function of propagating ^{the} human species. But propagating the species isn't my reason for making love. I do it, for example, because I want to gratify my sexual

desire or want to satisfy my partner. And even when I do it because I want to have a baby, propagating the species still isn't my reason for doing it. I want to have my baby, not just a human baby. Thus something can be an intentional action under one description but not under another, and the description under which it is intentional is precisely that given by the agent himself. To be sure making love can have the effect of propagating the human species, but bringing about such an effect isn't my reason for making love. Similarly, when I cry it is not because I believe that crying can have the effect of relieving my unhappiness, even if it can indeed have some such effect; I cry because I feel unhappy about something. And it is precisely this latter description under which my crying has a reason.

Thus reactions of this kind aren't means to some ends, as intentional actions are. In order to explain them we have to appeal to the person's belief that something is the case and his attitude towards it. This explanation is different from the explanation of both intentional actions and bodily movements. Unlike explaining a bodily movement it doesn't require appeal to some general law, and it is doubtful whether there are such relevant laws anyway. In this respect it is more like the explanation of intentional actions. However, in contrast to the latter, it doesn't require appeal to beliefs about the means of bringing something about, but to beliefs about states of affairs. To understand such reactions we also have to learn about the person's attitudes to what he believes to be the case. But the attitudes involved in reactions of this kind cannot be regarded as the person's ends, because he doesn't believe that by reacting in the way he does he can satisfy them, as the person who performs an intentional action believes that what he does is the way to satisfy his desire. The somatic symptoms Freud is referring to, such as facial paralysis, vomiting out of disgust, etc., are similar reactions which can also be explained by appealing to the person's beliefs, conscious or unconscious, about some states of affairs and his attitudes towards them. For example, a teenage boy's attack of vomiting after a scene of seduction in a public

urinal can be explained by his belief about what had happened and his attitude of disgust towards it. His vomiting, like crying but unlike intentional action, is not a means to an end. It is possible that ^{such} vomiting might have some function, for example the function of relieving disgust, but it still wouldn't be his reason for vomiting. His reason for vomiting is his feeling of disgust towards what had happened in the urinal, as the person's reason for crying can be his feeling of unhappiness over his friend's death.

Symptoms of States of Consciousness

Let us concentrate now on symptoms which affect feelings and thoughts, i.e. the symptoms of states of consciousness as I have decided to call them. Many of Freud's patients complained to him about being preoccupied by thoughts and feelings which they themselves couldn't understand but which made a misery of their lives, as in the following example. A young girl suffered from an obsessional fear that she might be unable to control her bladder in public places. She was afraid of being overcome by the need to urinate, and wetting herself. By degrees this phobia had made her completely incapable of going into society and enjoying herself. She only felt secure if she knew that there was a W.C. near at hand which she could reach unobtrusively. Since people can usually control their bladders, at least to a degree that doesn't stop them going to public places, it was rather puzzling why the girl had such a deep fear. We know, however, that there are some organic disorders of the bladder which results in inability to control urination. If the girl suffered from such a disorder her fear would be perfectly intelligible to us. But we learn from Freud, however, that in her case there was no question of any organic complaint. When she was at home, in quiet conditions, or at night, the desire to urinate did not arise and she wasn't then troubled by the fear of being unable to control it. Since there wasn't any objective justification for her fear it looks unintelligible to us

and, therefore, cries for explanation.

What was the origin of the girl's problem? Freud was able to establish that her desire to urinate, and her fear connected with it, occurred in the following circumstances. Once when she was in the concert hall

"a gentleman to whom she was not indifferent had taken a seat not far from her. She began to think about him and imagine herself sitting beside him as his wife. During this erotic reverie she had the bodily sensation which is to be compared with an erection in a man, and which in her case - I do not know if this is always so - ended with a slight need to urinate."²³

As a result she was obliged to leave the theatre before the end of the performance. There was, therefore, a clear connection between this original scene and her general phobia. During the original circumstances she experienced the desire to urinate, and the fear that she might not be able to control it had obliged her to leave the theatre. Now she was afraid that she might be unable to control her bladder in public places in general. But there is something more to be learnt about this connection. During the original scene she also experienced an erotic sensation, and the desire to urinate was just the accompaniment of it. Could it be the case, therefore, that this erotic impulse played some role in the origin of her anxiety? Freud was convinced that it was indeed the case. But before we look at his explanation let us learn from him what kind of girl she was, which is relevant to understanding her anxiety.

"In her ordinary life she was so prudish that she had an intense horror of everything to do with sex and could not contemplate the thought of ever marrying. On the other hand, she was so hyperaesthetic sexually that during every erotic reverie, in which she readily indulged, the same voluptuous sensation appeared."²⁴

Given this fact about the girl it wasn't difficult for Freud to understand what happened during the scene in the concert hall.

"She now became greatly frightened by the sexual sensation (to which she was normally accustomed) because she had resolved within herself to combat this particular liking, as well as any other she might feel; and next moment the affect had become transferred into the accompanying need to urinate and compelled her after an agonizing struggle to leave the hall."²⁵

So what this prudish girl was afraid of, in Freud's view, was the erotic sensation which was aroused in her in the original circumstances by having phantasies about the man sitting not far from her, but which her negative attitude towards sex made unacceptable to her. This revelation led to an almost complete control over her phobia. The mechanism responsible for her symptom formation was that of displacement. The erotic wish was replaced by the desire to urinate and the girl's mistrust in her bladder was substituted for her fear of being unable to control her erotic sensation.

Another example of symptoms of this kind is the delusional jealousy suffered by a fifty-three old lady. She was happily married and could not give enough praise to her husband's affectionate solicitude. Her marriage had been a love-match thirty years ago and there had never been any trouble until she received an anonymous letter informing her about her husband's affair with a young girl. The letter became the source of her jealousy, which made her life so miserable that she was obliged to seek help from Freud. To understand her case it is important to learn about the circumstances in which she received the letter. The lady had a housemaid with whom she used to have intimate talks. She heard from her all sorts of malicious stories about another girl who, although from the same background as the housemaid, had done much better for herself in life than her. The lady was aware of the housemaid's envy of the success of this girl. One day the lady had a conversation with

the housemaid about a gentleman who had been staying with them. While they were talking about this gentleman having an affair, the lady suddenly said "The most dreadful thing that could happen to me would be if I were to learn that my dear husband was having an affair too". The next day, as though by magic, she received the anonymous letter which made this very allegation. The lady guessed that the letter was written by the malicious servant, since it specified as her husband's mistress the girl whom the housemaid pursued with hatred. The lady's husband denied having any such affair. As a result of this accident the housemaid was dismissed. But instead of forgetting about the whole thing the lady's suffering began. Whenever she met the girl, described in the letter as the mistress of her husband, or heard her name being mentioned the feeling of jealousy would burst out in her again. She couldn't also help reproaching her husband. Freud became convinced that what he was faced with was delusional jealousy. He calls it "delusional" for the following reason.

"She knew that this document had no evidential value and she was able to give a satisfying explanation of its origin. She ought therefore to have been able to tell herself that she had no ground whatever for her jealousy, and she did tell herself so. But in spite of this she suffered as much as if she regarded this jealousy as completely justified. Ideas of this kind, which are inaccessible to logical arguments based on reality, are by general agreement described as delusions."²⁶

In everyday life we come across feelings of jealousy very often too. Sometimes such jealousy is perfectly justifiable if, for instance, a wife has good evidence to believe that her husband is unfaithful to her. But it can also happen that she is jealous because she thinks she has good evidence, although an impartial observer can see that it is unjustified. So although her jealousy is unjustified by reality, given her false

beliefs we can understand why she feels in that way. But the lady's case is different because she herself thought that there wasn't any ground for her jealousy, since she was convinced that the letter was the work of the malicious housemaid, but despite all that she couldn't stop feeling jealous. The lady's emotional reaction is, therefore, very puzzling and cries out for explanation.

Before discussing Freud's explanation of this case of delusional jealousy we have to appeal to some further information, revealed by Freud during psychotherapy, about this lady. We are told that

"She herself was intensely in love with a young man, with the same son-in-law who had persuaded her to come to me as a patient. She herself knew nothing, or perhaps only a very little, of this love; in the family relationship that existed between them it was easy for this passionate liking to disguise itself as innocent affection."²⁷

Unfortunately Freud doesn't tell us how he has arrived at this conclusion. Let us however pay more credit to him than he deserves at this point and suppose that the lady was indeed in love with her son-in-law. Given all this information Freud was able to arrive at the following explanation of her delusional jealousy.

"Being in love like this, a monstrous and impossible thing, could not become conscious; but it remained in existence and, even though it was unconscious, it exercised a severe pressure. Something had to become of it, some relief had to be looked for; and the easiest mitigation was offered, no doubt, by the mechanism of displacement which plays a part so regularly in the generation of delusional jealousy. If not only were she, the old woman, in love with a young man, but if also her old husband were having a love affair with a young girl, then her conscience would be relieved of the weight of her unfaithfulness. The phantasy of her husband's unfaithfulness thus acted as a cooling

compress on her burning wound. Her own love had not become conscious to her, but its mirror-reflection, which brought her such an advantage, now became conscious as an obsessional delusion. No arguments against it could, of course, have any effect, for they were only directed against the mirror-image and not against the original which gave the other its strength and which lay hidden, inviolable, in the unconscious."²⁸

There was a close connection between the lady's situation and the content of her delusion. In the real situation it was she herself, an old woman, who was in love with a young man, whereas in her delusion it was her husband, an old man, in love with a young girl. The only thing which was distorted by the delusion was the subject of the situation, instead of her it was her husband who was in love. The anonymous letter no doubt had a big share in shaping the content of her delusion. But Freud seems to suggest that there was already a disposition towards it, even before she received the letter (compare with Othello). We remember her saying to the housemaid that the most dreadful thing that could happen to her would be her husband's unfaithfulness, despite the fact that he never gave her grounds for thinking so. It seems, therefore, that she was already entertaining the idea of her husband's unfaithfulness, and the letter she provoked undeliberately, had confirmed it.

It is interesting to compare Freud's approach with our ordinary way of looking at feelings. In everyday life we make reference to feelings in explanation of our own and other people's behaviour. For instance, in order to explain why Ann is making critical remarks about Mary we appeal to Ann's jealousy. Or in order to understand why Peter doesn't speak to John, although they used to be good friends, we appeal to his anger with John. But sometimes anger and jealousy themselves call for an explanation. We might wonder why Ann is jealous of Mary or why Peter is angry with John. Suppose we are told that Ann and Mary are in love

with the same boy and that Ann is convinced that it is Mary of whom the boy is fonder. Given this information we can understand her feeling of jealousy. Peter's anger with John would become intelligible to us if we were told, for instance, that a few days ago they had a violent argument. So in order to explain the person's emotions we appeal to the situation or circumstances he is in and his beliefs about the situation. There are cases, however, where an appeal to the circumstances the person is in, and his beliefs and desires doesn't solve our puzzle about his emotions. It happens when the person's emotional reaction seems to be incongruous or inappropriate to the situation and his beliefs about it. We usually call such feelings irrational and what Freud is trying to explain in the two cases given above are precisely such irrational feelings.

Since irrational emotions play a very important role in Freud's explanation of the neurotic behaviour it is worth elaborating what sort of irrational affects he is talking about. In everyday life we also talk about irrational, unreasonable, inappropriate or unjustified emotions. Do we mean by these terms what Freud meant by calling an affect irrational or anomalous? Some of these terms do indeed cover emotions he was interested in, but this is not always the case. It could be interesting, therefore, to compare Freud's with our ordinary use of such terms. By saying that an emotion is unreasonable or inappropriate a common man might mean several things. Firstly, he might mean that it is morally inappropriate, as in the following case. A person hears about the misfortunes which happened to his neighbours but instead of feeling pity for them he feels joy. We think that feeling joy in such circumstances is morally inappropriate. The psychoanalyst might agree with us about that, but he wouldn't regard the person's emotion as anomalous and it is not a kind of emotion which is the subject matter of his examination. Secondly, an emotion can be called unjustifiable because it is based on a false belief. For instance, a man might feel a great joy because

a girl he is fond of smiled at him which he interpreted as a sign of her love towards him, while it was mere friendliness, which she expresses in this way towards other people as well. We call the man's joy unjustified because it is aroused by his false impression and doesn't correspond to the real situation. Whether such a mistaken emotion would be of interest to the psychoanalyst depends on whether or not it ceases when the subject realizes his mistake. If it doesn't, the psychoanalyst would not rest until he is able to provide some explanation of the person's feelings. Thirdly, when we say that an emotion is unreasonable we mean that it is unjustified by the person's beliefs. For example, a person is afraid of a dog although he knows that it is a harmless creature. Or someone feels annoyed with his friend because he refused to lend him a book on the ground that he has to use it himself. We regard such emotions as unreasonable because they are unjustified by the circumstances and the person himself would agree, although he cannot help feeling in this way. Such emotions might become of interest to the psychoanalyst, especially if they are quite intense, if the person, for example, becomes so afraid of dogs that he cannot face going out, i.e. he develops a phobia of dogs. These examples give us some idea of what a common man might call irrational or unreasonable emotions.

Let us look now at what Freud regards as anomalous affects. Firstly, an absence of affect or affectlessness, when it is appropriate, would be regarded by him as anomalous. For example, one of Freud's patients, whom he calls the Wolf Man, didn't feel any sorrow when the news of his sister's death reached him, despite the fact that he was quite strongly attached to her. Usually when people are faced with the death of the loved ones they feel grief or sorrow, so the Wolf Man's lack of emotional reaction seemed puzzling and cried for explanation. Secondly, many neurotics often experience feelings which could be called objectless. They might feel quite unspecified chronic anxiety, what Freud calls

free-floating anxiety, or chronic nervousness and yet insist quite sincerely that there is nothing in their situation which justifies such emotional reaction. When a non-neurotic person experiences anxiety or nervousness he is usually aware of some specific factor responsible for his reaction. For instance, when he feels nervous he knows that it is an examination that is making him feel nervous or that what makes him feel anxious is a poor state of his health. Neurotic objectless feeling is puzzling because we cannot understand his reasons for feeling in the way he does. Thirdly, the affect can be anomalous because it is too strong a reaction to the situation the person is in. Various kinds of phobias are examples of such affects. For example, Little Hans who once saw a horse falling down had become so afraid of horses that he refused to go out in order to avoid seeing them. We can understand that the sight of a horse falling down might be sometimes frightening to a small child but the boy's fear seemed to be too exaggerated and, therefore, puzzling. We also hear of people being so afraid of spiders, sometimes quite small ones, that they wouldn't face entering a room in which they suspect there might be a spider. We regard their fear as irrational or anomalous because, although many of us don't like spiders, we do not react in such an extreme way. What's more, such people themselves often think that their fear of spiders is too exaggerated and look for help to overcome it. Fourthly, the neurotic feeling might be incongruous with the situation he is in and his beliefs about it. The feeling of jealousy experienced by the lady from our example is an instance of such incongruity. We remember that she herself was convinced that the letter, which gave rise to her feeling of jealousy, was the work of the malicious housemaid, so that there wasn't any ground for her feeling in this way, but despite all that she couldn't help feeling jealous nevertheless. Her jealousy seems to be incompatible with her beliefs, and that is why it is puzzling. We can see now that what Freud regards as anomalous emotions are something

more specific than what a common man calls unreasonable, irrational or inappropriate emotions. He is not interested in moral inappropriateness, emotions based on false beliefs or other unreasonable emotions we often come across and experience in our daily lives. What he is interested in are affects which seem to deviate from the normal response to a situation. When faced with anomalous emotional reactions of the kinds described by Freud in everyday life we usually find it quite difficult to make sense of them and often seek help from an expert, whether a psychoanalyst or a behaviouristically oriented psychologist.

How do we account for emotions in general, and what is the nature of the Freudian explanation of such anomalous affects? Suppose we learn that somebody is depressed. Being told that he is depressed because of his failure to be promoted in his job, for example, although helpful in understanding the man's emotional reaction, still doesn't take us very far. Another person who also fails to be promoted might not react in this way at all. So what is it that makes one person react to the failure by becoming depressed, while another might be entirely unaffected by it? It might be because they are different in some other ways. For instance, they might have different expectations about promotion. Thus one person might have a strong desire to be promoted, while another couldn't care less whether he is promoted or not. And there could be other differences as well. Somebody might be quite keen on promotion, but because he knows that he doesn't deserve it, the lack of promotion doesn't depress him. But it is different with a person who strongly believes that because of his hard and conscientious work he deserves to be promoted. So differences in beliefs can also affect the ways in which people react to certain situations. Thus we can understand why the person becomes depressed about his failure to be promoted by appeal to his beliefs and/or his attitudes. And to learn about the person's relevant beliefs and attitudes is to learn about his reason for his emotion.

But there are also other things, apart from beliefs and attitudes, which can make people feel depressed. We are told by psychiatrists that some people feel depressed because of a deficiency in their brain-chemistry. Psychoanalysts also inform us that whether the person reacts to certain situations by becoming depressed or not might sometimes depend on his early upbringing. Such factors might shape the person's disposition to feel depressed whenever his strong wishes are frustrated. But these factors, which include physiological as well as mental causes, contribute to depression irrespective of the person's relevant beliefs and attitudes. So they do not provide the person with a reason for his depression. When depression is caused in such a way we cannot explain it only by appealing to the person's beliefs and attitudes, we have to appeal also to some physiological or psychological laws, if the knowledge of such laws is available to us.

The way in which feelings, such as depression, are brought about, i.e. whether they are influenced by the person's beliefs and attitudes or such factors as brain-chemistry, is reflected in our way of talking about them. We talk, for instance, about emotions being reasonable or unreasonable, rational or irrational, etc. And what is it that makes emotions reasonable or unreasonable? An emotion can be said to be unreasonable, for example, if the person's belief that something is the case is mistaken. Thus the man is depressed because he thinks he deserves a promotion, but he is entirely mistaken in thinking so. Sometimes the attitudes involved in emotions can be said to be unreasonable too. For instance, the person becomes angry because somebody criticized him and he is very sensitive to any criticism, even when it is just. People might call his anger unreasonable, because the man's sensitivity to criticism seems to be out of proportion. Thus what makes emotions reasonable or unreasonable are the relevant attitudes and beliefs. But depression such as that caused by brain-chemistry, for example, cannot be said to be reasonable

or unreasonable because it affects the person irrespective of his relevant attitudes and beliefs. So although we can criticize people about their reasons for their emotions we cannot criticize them about the causes of their emotions. For we expect that people should know what the reasons for their emotions are, while we wouldn't be surprised if they were entirely ignorant of the causes. The person who knows little or nothing about his brain-chemistry, as is often the case, might only realize that it affects him in this way when he is told by a doctor, for example. But he doesn't have to be told by another person to realize what his reason for emotion is. A person usually knows what he believes and wishes, and thus he knows his reason for feeling in the way he does.

This distinction between reasons and causes of emotions looks like the analogous distinction between reasons for intentional actions and causes of bodily movements, and their respective explanations seem to be analogous too. To understand a man's reason for doing something we also have to appeal to his relevant beliefs and desires. But there are two kinds of reasons involved here and they shouldn't be confused. Reasons for emotions are like reasons for crying and laughing, but unlike reasons for intentional actions, because although they involve certain beliefs, for instance the belief that one deserves a promotion, these aren't beliefs about the means to achieve some ends, but about something being the case. Of course a mere belief that something is the case doesn't necessarily make the person depressed or unhappy. He is depressed because he also has some attitude to what he thinks is the case, such as a strong wish to be promoted. However, this attitude isn't the end or purpose of the person's emotion, as satisfying one's desire by performing the relevant action is. The person cannot satisfy his wish to be promoted by feeling depressed about the lack of promotion, and he doesn't believe that he can. Similarly, the person who cries over his friend's death, for example, doesn't believe that he can satisfy his wish to have his friend alive by crying either.

For this reason predicates such as 'successful' or 'unsuccessful', which apply to actions, but which aren't used in the context of reactions such as crying, cannot be applied to emotions either. A man cannot be successful or unsuccessful in feeling depressed, although he can succeed or fail in buying a car, for example.

Although reasons for emotions are thus different from those for intentional actions, in order to understand them we still have to appeal to the person's beliefs and attitudes, even if these beliefs and attitudes are different. But the feeling of depression brought about by such factors as brain-chemistry doesn't require any such appeal to beliefs and attitudes and can be explained in the same way as we account for bodily movements, i.e. in terms of causes. Some philosophers argue that a reason for emotion is also its cause, as the reason for an action is its cause too in their view. Whether we accept this view or not wouldn't affect, however, the difference between the logic of explanation of emotions in terms of reasons on the one hand and in terms of ordinary causes on the other, as it doesn't undermine the difference between the explanation of intentional behaviour in terms of reasons and of bodily movements in terms of causes, either. What interests us here are mainly the different ways in which emotions can be explained, because of its relevance to understanding the kind of explanation Freud attempts to give in his account of the emotions responsible for neurotic symptoms.

Does Freud in his account of neurotic affects refer to causes or reasons? We remember the girl who was afraid to go into society because of her anxiety that she would be unable to control her bladder in public places, whereas to explain this conscious emotion Freud appealed to her unconscious fear of being unable to control her sexual impulses, which were disagreeable to her because of her prudish attitude towards sex. Thus to account for conscious feelings Freud still appeals to the subject's attitudes and beliefs, even if these are unconscious. And the same can be said of his

account of delusional jealousy too. He also talks about the subject's emotion as being unjustifiable, just as in the case of the girl who was afraid of being unable to control her bladder in public places, but who could control it perfectly well at home. And what is unjustifiable or unreasonable is the reason for emotion, not its cause, at least not the kind of cause that affects the person irrespective of her beliefs or attitudes, either conscious or unconscious. So what Freud appeals to in his accounts of emotions are quite clearly the person's reasons for them.

But when people have reasons to feel what they do they usually know what these reasons are. Thus when I am angry, afraid, jealous, etc., I usually know why I feel that way. But Freud's account of emotions allows room for the subject to be mistaken about his reasons for them. By doing so he seems to depart from our ordinary conceptual scheme, in the view of some of his interpreters. But is it indeed the case that our ordinary conceptual scheme leaves no room for mistaken identification of this kind? In the case of intentional actions we do allow sometimes for the person to be mistaken about his reasons for doing what he does. A man, for example, says that his reason for going to a theatre was to see a play, whereas the observer might suggest that his real reason for going there was in order to see a girl whom he fancies. Why shouldn't we allow for a similar mistake about the reasons for emotions (even if these reasons are different)? According to common sense wisdom, often expressed in popular jokes, people can indeed be mistaken about their reasons for emotions or even their emotions themselves. Since Freud himself pays attention to jokes it wouldn't be out of tune with psychoanalysis to quote some of them here. There is a joke about a lady who when she heard about the enemy's soldiers coming closer and raping the woman, hid under the bed; but when nothing happened after a long time she went out and asked her neighbour in a disappointed tone of voice "When does the raping begin?" Another lady, according to a different joke, who was full of disgust for her neighbour's

bedroom behaviour, when asked how she knew about it replied that she saw it from her house through binoculars.

How can a person be mistaken about his reason for emotion or even his emotion itself, and not be making a merely verbal error, and what is our justification for saying that he is mistaken? An error about emotion can be made in several ways. Firstly, the error might lie in a belief that constitutes the cognitive core of the emotion. We often feel pleased or depressed about alleged facts which are not facts at all. The subject, for instance, might feel pleased because he believes he got a degree, when that is not really the case. His pleasure is based on a false belief. Plato calls such pleasure a false one. I wouldn't like to follow this usage, however, because what is false here is the person's belief, not his experience of the pleasure itself. Mistaken pleasure seems to be a more appropriate term for it. Pleasure or any other emotion such as depression, anxiety, etc., based on misinformation will belong to this category of error. How do we decide that a particular emotion is mistaken? It would be decided by seeing whether or not it ceases when the person realizes his mistake. If it does, then it really did depend on a false belief. If it continues, however, then it didn't depend on a false belief of this kind but on something else.

Secondly, the subject might make a mistake about the object of his emotion, i.e. he is convinced that he feels the way he does because of some particular thing, whereas in reality it is something else that makes him feel in that way. Such subject can be said to be mistaken about the origin of his emotion, as in the following example. A person says he feels depressed because of the death of his distant relative. The relative was an old man, so the death wasn't any surprise. What's more he wasn't particularly close to this relative and in fact didn't see him for years. Given these facts it is rather surprising that he reacted to the news of the old man's death in such a way. His wife might suggest, however, that

the real reason for his depression is the fact that the relative failed to mention him in his will; much earlier there was some talk about inheriting some money from this relative, and the person expressed a hope that the old man would be generous to him. We can say that the real reason for his depression was the will, not the death of the relative as he originally thought. What would reinforce this claim? His wife may point out to him that on ^a different occasion when another distant relative of his had died, from whom he didn't expect to inherit any money, he didn't feel depressed. The person himself could realize that, and the fact that he failed to do so could be explained in terms of his moral self-esteem being at stake. It is an immoral thing to be preoccupied with money when somebody dies. But of course people do have such immoral thoughts, of which they might be perfectly aware, while others fail to recognize that it is the case, as the man did.

And thirdly, the person can be mistaken about the content of his emotion itself. He believes he is experiencing one feeling but his experience is different from what he thinks it is. What are our reasons for saying that somebody experiences a different emotion from what he sincerely says he does, and he is not making a merely verbal mistake? Sometimes our correction is based on his behaviour, as in the following example. The person says the sight of people injured in an accident makes him feel very frightened. Many people are frightened by such scenes, so we are not surprised to hear from him how frightened he is. But while other people try to avoid the scene of the accident he watches it with fascination. When a person is afraid of something he usually avoids, if he can, the thing which makes him feel frightened. So when we come across a person who instead of avoiding it, watches it with fascination, we are justified in saying that he is not really frightened but attracted by it. He might be a sadist, without realizing that the sight of injured people gives him pleasure.

What category of error then was involved in the girl's anxiety about her bladder getting out of control in public places? Was her erroneous emotion based on her false belief about her bladder, for instance? It didn't seem to be, because as we remember she was perfectly capable of controlling it while at home so she must have been aware that it was functioning properly. What's more she was also reassured by Freud that it was in perfect order. But despite all that her emotion didn't cease. So it wasn't just a mistaken anxiety based on her false belief about her bladder. What the girl seemed to be mistaken about was the origin of her emotion, and her error is more like the second kind. She said her phobia started immediately after the scene in the concert hall. On that occasion she was phantasizing about the man sitting not far away from her. Her phantasies gave rise to the sexual sensation and the need to urinate which obliged her to leave the hall. She claimed that the real object of her phobia was her anxiety of being overcome by the need to urinate and yet she knew she could control it at home. It is, however, plausible for Freud to suggest that the real source of her anxiety was her experience of the sexual sensation during the original scene, and not the anxiety connected with urination which was a mere accompaniment of the erotic sensation on that occasion. We can also understand why she would fail to recognize the real origin of her emotion. For a prudish person like her, with a negative attitude towards sex, it would be a dreadful thing to admit that the sexual sensation aroused by her erotic reverie was the core of her problem. Thus her conscious emotion can be accounted for in terms of her unconscious fear of being unable to control her sexual impulses and her prudish attitude towards sex.

What would help to reinforce Freud's claim about her case? As in the case of the man depressed about his relative's will, it would be her behaviour and feeling on a different occasion. Suppose on another occasion, while listening to a concert, she also has experienced the need to urinate,

but this time without experiencing any sexual sensation, which too obliged her to leave the hall and yet she didn't suffer from any phobia then. Unfortunately, unlike experimental settings, life itself doesn't usually provide us with such test situations. Freud, however, can always appeal to the patient's reaction to the explanation offered by him. We are told that she not only agreed with his interpretation of the origin of her anxiety but that his explanation had also led to an almost complete control over her phobia. If she accepted his explanation that the real source of her anxiety wasn't her bladder, it wasn't surprising that she wouldn't be afraid to go out any more. She could still feel afraid of experiencing sexual sensations but that she could control by not 'indulging' herself in sexual reverie.

The lady's case is more complicated. Freud's claim that the real object of her emotions was her love towards her son-in-law while the thoughts of her husband's unfaithfulness had the function of relieving her bad conscience, although plausible enough, requires some further comments. It is still puzzling how the final outcome of the psychological process involved here, i.e. the lady's alleged feeling of jealousy towards her own husband, could be brought about. Independently of this case, we know from experience that when a person has a guilty conscience, for example because he cheated his friend, learning that his friend cheated him too can help to relieve his feeling of guilt. He might even ask himself "Why should I feel guilty if my friend has done the same thing to me?" So learning that one has been cheated by one's friend, although upsetting and unpleasant in normal circumstances, can be welcome news when it helps to relieve one's feeling of guilt. So if the lady had a bad conscience too, it is plausible to suggest that her husband's unfaithfulness could be something she actually wished, even if it would otherwise have been undesirable to her. This is precisely what Freud argues when he writes "It [i.e. the husband's unfaithfulness] itself was something desired,

a kind of consolation".²⁹ So in this lady's case a feeling of guilt gave rise to a wish that something which could help reduce her guilt were true.

However, the lady's husband was in fact quite faithful to her, and she had no good reason to believe otherwise. Thus her bad conscience couldn't be relieved by any real event. So what happens when a person's guilt cannot be relieved in any normal way, and when she cannot come to terms with it? Freud suggests that the woman was trying to relieve her guilt by phantasizing about her husband being in love with a young girl. But unfortunately he doesn't tell us what kind of phantasizing it was. Was it similar to that which takes place in daydreaming, when a person who is in love imagines kissing his sweetheart, for example, and then experiences some sexual excitement as a result? Such a daydreamer is usually aware of why he imagines what he does. But that cannot be said about the lady, however. Her wish that her husband were unfaithful to her was clearly something she was unconscious of. Such an unusual wish couldn't be conscious, of course, because if it were she would have to know why she had it, and thus she would have become aware of her own illicit love. So this wish had to be repressed, just as she repressed her own love. When a wish of this kind becomes unconscious it can appear in consciousness as its opposite or reversal, thanks to the mechanism of reaction formulation. That is why the lady was saying to her maid that the most dreadful thing that could happen to her would be her husband's unfaithfulness, even if that was the very thing she wished for unconsciously. Thus as a result of the wish being repressed the lady was entirely unaware of why the jealous thoughts were preying on her mind. She didn't even seem to be asking herself why she should have them, despite not being given any evidence for her suspicions of her husband. In this respect she was more like a real dreamer, than a daydreamer. The former also finds himself having certain thoughts, for example, a thought that he is refreshing himself

with cool water, and he neither knows nor asks himself why he has these thoughts. Only when he wakes up might he realize that what made him have these thoughts while he was asleep was his being thirsty. But when a dream is instigated by an unconscious wish such a realization wouldn't be possible, however, just as the lady was ignorant of the wish behind her waking thoughts.

We know so far that the lady's jealous thoughts were caused by the unconscious wish with the relevant content. The next question which arises is whether this kind of thought can bring relief from guilt. In daydreaming, imagined gratification might sometimes give a person an experience of pleasure. But since a daydreamer is normally aware that his daydreaming doesn't correspond to any reality, his pleasure, if he experiences it at all, cannot be the same as that provided by the real thing. That's why people usually prefer a real satisfaction of their desires, and only when such satisfaction is not possible does daydreaming usually take place. It can also happen that imagining something, instead of giving a person some kind of pleasant experience, can have the opposite effect. Some people report that if they imagine eating when hungry, their hunger becomes more intense. For this reason they might try to concentrate their mind on something else, in order to forget about hunger. So mere thoughts about gratifying the object of one's wish are either not very successful in providing pleasure, or actually produce the opposite effect. It is questionable, therefore, that in the lady's case the mere thoughts of her husband's unfaithfulness could bring relief from guilt.

It is possible, however, that such thoughts could have better effects if they were believed by the person. Thus if the hungry person actually believes that he is eating food his feelings of hunger might diminish, even if his need for food is left unsatisfied. Although such belief doesn't normally occur in daydreaming, it seems to occur in real dreaming. It

can indeed be said that the dreamer believes that what he is dreaming is the case. So believing in thoughts caused by a corresponding wish is possible, at least in dreams. But there is also a waking state where a similar thing seems to take place. Freud was able to show that a mere wish can cause a relevant belief in a person who suffers from a paranoic disorder. What is responsible for the paranoia, in his view, is a homosexual love of which the person himself is not aware, as was the case with the paranoic patient called Schreber, whose case-history was reconstructed by Freud on the basis of the patient's own diary. A homosexual love, which a paranoic person cannot come to terms with, becomes repressed and there are usually two kinds of defensive mechanisms involved. Firstly, "I love him", a proposition which describes the person's real state of mind, becomes transformed into "I hate him", thanks to the mechanism of reaction formulation. This in turn is changed into another one "He hates (persecutes) me, which justifies me in hating him", for which the mechanism of projection is responsible. As a result of all this, a person who was once loved and admired by the paranoic is now perceived by him as an object of his hatred and is feared for being his persecutor. This shows that an unconscious wish, at least a homosexual one, can cause a certain belief, in this case that the loved person is one's persecutor. Such a belief is often referred to as a delusion, because unlike ordinary beliefs which are caused by the subject's perception of what is the case, this one is produced by a mere wish. To understand how such belief is possible we have to understand the primary mode of functioning of the nervous system, in Freud's view, the discussion of which has to wait until later, however. At present it is enough to point out that such a belief is a kind of hallucination, similar to that which takes place in dreaming.

It is true that the lady in question wasn't suffering from paranoia, because she wasn't a homosexual to start with and also because the total distortion of external reality characteristic of the paranoic patients

didn't occur in her case, but despite these differences it is still possible that the delusional belief of a relevant kind could also occur in her case. The reasons for ascribing to her the belief that her husband was unfaithful to her are the following. There were occasions when she used to reproach him for being unfaithful to her, and she seemed to be genuinely suffering from jealousy. And how could she behave in this way without really believing in his unfaithfulness? But suppose we ascribe to her this very belief. If we do so how are we to reconcile this claim with other facts about her? She was able to give a satisfactory account of the origin of the anonymous letter, namely that it was the work of a malicious servant, and herself admitted that the idea of her husband's unfaithfulness was really quite absurd; that's why she was looking for help from Freud. Now, if the person can give us a satisfactory account of reasons, as an impartial observer would do, for not believing that something is the case, it doesn't seem sensible to ascribe to her a belief to the contrary. This difficulty which faces us here doesn't occur in the paranoid cases. When the paranoid subject believes that he is persecuted he is convinced that he has good reasons for believing what he does. So as long as this difficulty isn't explained away we cannot claim that the lady had a delusional belief, like paranoid subjects.

Can we solve this difficulty by suggesting that although the lady didn't believe in her husband's unfaithfulness consciously, since she herself gave good reasons for not holding such a belief, she nevertheless believed in his unfaithfulness unconsciously, since unconscious beliefs are usually not influenced by reasons such as those which influence conscious beliefs? If we could do this we could then argue that her feeling of jealousy was influenced by the relevant unconscious belief. But can such an unconscious belief really be ascribed to her? What is unconscious in a dynamic sense is usually repressed. And what was repressed, and therefore unconscious, in this lady's case was her own love

for her son-in-law and her wish that her husband were unfaithful to her. However, what the alleged belief in his unfaithfulness was supposed to bring about, in Freud's view, was precisely the gratification of her unconscious wish and thus give her relief from guilt. But if the belief were repressed, for some unknown reason, her feeling of jealousy would have been repressed and thus unconscious too. For it is not possible for a person to be aware of her feeling of jealousy, and reproach her husband for being unfaithful without realizing the relevant belief. That is why when a feeling, such as fear of being castrated by one's father, is repressed, it becomes a conscious fear of being bitten by some animal, as happened in Little Hans's case. Since in the latter case the subject is consciously convinced that he is afraid of an animal, he can remain unaware of his unconscious fear of his father. That's why such a subject doesn't normally talk about his fear of his father but complains about his fear of the animal. But what the lady in question was complaining about was her obsession with jealousy, not something else. Thus her alleged feeling of jealousy was definitely conscious and Freud never claims it was otherwise. So it doesn't make sense to suggest that her relevant belief was unconscious either, and that way out of the difficulty, i.e. trying to explain her strange behaviour by postulating the relevant unconscious belief, isn't possible.

There is a difference, therefore, between the lady's case and real paranoia. The paranoic subject's behaviour, i.e. what he says and does, unambiguously expresses his belief that he is persecuted by someone, and it doesn't matter here that his belief isn't based on any evidence. But the lady's behaviour doesn't give us a good justification for ascribing to her either a conscious or an unconscious belief of the relevant kind. Since there is a problem in attributing to her the belief, we are in doubt whether to ascribe to her the relevant feelings as well. In normal circumstances when a person feels jealous or threatened it is usually because of her belief, conscious or unconscious, that something is the

case. Because the lady didn't seem to hold the relevant belief it is questionable whether the experience she was going through was like the one that takes place in normal jealousy, where the relevant belief is present. It is possible to argue that what her unconscious wish that her husband were unfaithful to her led to in her case was merely obsessional thoughts about his unfaithfulness, in which she didn't really believe. Independently of her case we know that obsessional thoughts of a similar kind are not unusual. We hear about people who have obsessional thoughts that they failed to lock a door, for example. A person suffering from such thoughts might after leaving a house go back again and again in order to check whether the door has been locked. Does he do that because he believes that he has failed to lock the door on the first occasion? The person's own description of his experience doesn't seem to suggest the presence of any such belief. He himself says that the idea of him failing to lock the door is really quite absurd. Because he knows very well that he did it very carefully on the first occasion and himself saw that the door didn't open when he tried to open it then, so that he hasn't any reason whatsoever to think that he has failed in his first attempt, yet he still cannot resist going back. If we tried to ascribe to such a person a real belief in his original failure to lock the door, how could we explain at the same time his own admission that there aren't any reasons for thinking that he failed, and that what he does is really quite absurd. The one who acts on his beliefs doesn't regard his own behaviour as absurd and usually gives some reasons for his beliefs; it doesn't matter whether such reasons are good or not. This shows that ordinary criteria for ascribing a belief to a person on the basis of his behaviour entirely fail us in a case like this. And if we still want to attribute to the person a relevant belief, we have to change our usual criteria for doing so. But why insist on ascribing the relevant belief in the first place? Is it not possible that obsessional thoughts

alone can influence the person's behaviour, just as beliefs do? I don't see any reason for thinking that they couldn't. So the lady's behaviour too can be explained without appeal to the relevant belief. Her unconscious wish that her husband was unfaithful to her produced

her obsessional thoughts of the same content. Since she was unaware of her wish she couldn't understand why such thoughts were bothering her. And although she herself regarded them as quite absurd, because she hadn't any reason for doubting her husband's loyalty to her, she still couldn't help acting on these thoughts, as the person suffering from obsessional thoughts of failing to lock the door couldn't either. There is no doubt that such obsessional thoughts can be a source of as much suffering as real jealousy instigated by an appropriate belief, as we know from the testimony of people who go through such an experience. And it is not impossible that subjectively such suffering might be similar in both cases.

Freud's own account of this case is somewhat different. He seems to suggest that she was wavering between believing and disbelieving in her husband's unfaithfulness, as in the following passage: "Since then the patient had repeatedly been pacified to the point of no longer believing the content of the anonymous letter, but never thoroughly and never for long".³⁰ It is quite possible that the delusion characteristic of paranoic patients had occurred in her case too, although it wasn't present in her all the time. When such delusion did occur, she no longer appreciated the reasons for not believing in her husband's disloyalty, because the psychological changes characteristic of the delusional process destroyed her capacity for judging objectively the evidence available to her, as happens in real paranoia. But when she could still grasp the evidence confronting her, as she seemed to be able to do on other occasions, her belief in his unfaithfulness tended to disappear, even if she retained obsessional thoughts about his affair. In order to decide whether the lady's case is closer to paranoia, as Freud seems to imply, than to that of a person suffering from obsessional

thoughts, as suggested earlier, we need some more information about the details of her behaviour, which Freud's description of her behaviour doesn't provide us with, unfortunately. But whatever line of explanation might be a better way of looking at her behaviour, it is still the case that she wasn't a straightforward paranoic, and Freud never said she was. For this reason her delusional belief in her husband's unfaithfulness, if it can be attributed to her at all, can only be ascribed to her with some restrictions, dependent on whether or not she could still judge the force of the evidence confronting her. Thus Freud's claim that the delusional process had in her case the function of bringing relief from guilt should be qualified too. It couldn't have been a permanent relief from guilt if the delusion itself wasn't permanent, as happens in real paranoia. But even if the psychological process which takes place in paranoia is more successful than in her case in bringing such a relief, it does so at the price of the total distortion of external reality exhibited by paranoic patients, while the lady in question had still some sense of reality, enough to realize that it wasn't the external world that was the source of her suffering but that she herself was in need of help.

We have learned that in everyday life in order to understand the person's reasons for feeling in the way he does we have to appeal to his beliefs that something is the case and his relevant attitudes. This is exactly what Freud does in his account of the two cases of emotions discussed here, even if the beliefs and attitudes he appeals to aren't always those the subject herself is aware of. This approach enables him to make puzzling emotional reactions more intelligible to us and to the subject herself as well. But although we can now understand both the women's feelings much better than we did originally, that doesn't mean that they had good reasons to feel in the way they did. Their emotions are still irrational even if intelligible. An assumption is sometimes made that by explaining puzzling emotional reactions Freud is able to show that feelings which

appeared to us as irrational are now shown to have good reasons. But this assumption is wrong, because to make irrational emotions intelligible isn't to make them rational yet. An unconscious fear of being unable to control one's sexual impulses, and a prudish attitude towards sex, the factors which enabled Freud to explain the girl's conscious fear about her bladder, didn't give her a good reason to be afraid of her bladder getting out of control, when she knew it was in perfect order. And the same can be said of the lady's jealousy too. Her guilt over her own love and her unconscious wish that her husband were unfaithful to her couldn't be said to be good reasons for her feeling jealous, even if these factors helped to explain her way of reacting to the situation she was in. These emotions are unreasonable or irrational because the beliefs or attitudes they involve are totally unjustified. A wish that one's husband were unfaithful, whether conscious or unconscious wish, doesn't justify one in believing that he is. Neither does an unconscious fear of sexual sensations getting out of control, because of one's prudish attitude towards sex, give one a good reason to be afraid of one's bladder getting out of control.

The point of making the subject herself aware of why she reacts in the way she does, which is precisely what Freud tried to do with these two patients, is to help her realize that her emotional reactions are unjustifiable and unreasonable and are in need of modification. This might be difficult, because emotions are not under immediate voluntary control. If I become angry when I think that somebody has lied to me, for example, I cannot help feeling in the way I do, even if I wished not to. But that doesn't mean that there isn't any control over emotions available to us. We can control our expressions of emotions, for instance. A person might be very angry with his parents but might decide not to express his anger and might be successful in doing so. But what about emotions themselves - are we in a position to influence them too? Sometimes

it seems to be possible, even if difficult. When I am frightened because my husband is dangerously ill, I can try to diminish my fear by trying not to think about his condition. I can also try to persuade myself that although his chance of recovery is very small, there is still some chance nevertheless, which might help to reduce my fear. Freud too was convinced that he could help his patients to influence their emotions, or at least to be able to live with them, by making them understand what was responsible for their feelings. Because the problem with the patients he came across was that they themselves couldn't understand their emotional reactions. By making them aware of the origin of their feelings, he could help them transform their neurotic fears into common ones. That might help, because at least the person then knows why he is afraid or why he is jealous. Such knowledge might not give the person full control over his feelings, but might help him influence it in the way nonneurotic people can do. What we have said here applies not only to feelings but also to obsessional thoughts, which could be irrational in a similar way.

Behavioural Symptoms

A third kind of symptoms are behavioural, of which Freud gives the following example. A lady of about thirty years exhibited among other things, the following obsessional behaviour. She would run from her room into a neighbouring one where there was a large table, then she would take up a particular position beside the table standing in the middle

of the room and ring the bell for her housemaid. When the servant came she would send her on some trivial errand or would let her go without one, and the lady then run back into her own room. She would repeat this performance several times a day. An interesting thing was that there was a big stain on the tablecloth, and the lady would always take up her position in relation to the table in such a way that the maid who had been sent for couldn't fail to notice the stain. Although the woman had been carrying out this obsessional action on countless occasions for a long time, she hadn't the slightest idea why she was doing it. Whenever Freud asked her "Why do you do that? What sense has it?". she answered: "I don't know."³⁴ One day, however, she was suddenly able to throw some light on her incomprehensible behaviour. She said it was connected with her experience on her wedding night. More than ten years before, she had married a man much older than herself who proved to be impotent. During their wedding night he had several times come running from his room into hers to try once more, but each time without success. Next morning he said that he would feel ashamed before the maid (who would expect to find evidence of success on the bed linen), took up a bottle of red ink that happened to be in the room and poured its contents over the sheet, although not exactly in the place where a blood stain would have been appropriate. When the lady came for treatment to Freud she had already been separated from her husband for several years on account of his sexual deficiencies. We are told, however, that despite their separation she had taken every precaution, real and imaginary, to remain faithful to him and would not put anyone else in his place. In other words she still exhibited a strong affection for him.

The lady's behaviour is very strange indeed. She herself seemed to be puzzled by it as much as we are. The only thing which she could say about it was that it was somehow connected with her traumatic experience during the wedding night. But this doesn't take us very far, and we still feel very puzzled about her behaviour. It is important to spell out precisely the nature of our puzzlement. Usually when faced with a piece of intentional behaviour we expect the agent to be able to tell us what he is doing, i.e. what he is trying to achieve. The person might tell us his desires, and also his beliefs about the means to satisfy them. Given his beliefs and desires we can understand his reasons for doing what he does. Sometimes an action is performed not in order to achieve some further end but for its own sake, because the person finds pleasure or interest in doing it. But the lady's case is different; we cannot understand what she could achieve by performing her strange ritual, and she herself is not able to tell us either. She is obviously not doing it for the sake of pleasure; on the contrary she finds it rather distressful, and it is one of the reasons why she seeks help from Freud. So her behaviour is puzzling because it doesn't fit with our idea of an intentional action. It looks like intentional behaviour but doesn't seem to satisfy the basic criteria for being intentional. What is Freud's solution to this problem?

Freud gives the following explanation of her ritual.

"The obsessional action had a sense; it appears to have been a representation, a repetition, of the significant scene" and "the patient was identifying herself with her husband; she was playing his part by imitating his running from one room into the other. Further, to carry on the analogy, we must agree that the bed and the sheet were replaced by the table and the tablecloth. This might seem arbitrary, but surely we have not studied dream-symbolism to no purpose. In dreams too we often find a table which has to be interpreted as a bed.

Table and bed together stand for marriage, so that one can easily take the place of the other."³⁵

So in Freud's view the lady was repeating the events which took place during the wedding night by imitating her husband's behaviour. There is indeed a close similarity between her behaviour and that of her husband. Let us look more closely at these similarities. The events which took place during the original scene could be broken down into the following details.

- (1) During the wedding night the husband runs from his bedroom into that of the patient.
- (2) He repeats his action several times in order to try once more.
- (3) He expresses his anxiety that the maid will learn about his impotence, and makes a mark with red ink on the sheet, although in a wrong place.
- (4) The red mark is on the sheet and the maid is supposed to believe that it is produced by the blood of the deflorated wife.

The lady's behaviour can be in turn broken down into the following elements.

- (1') She runs from her room into the neighbouring one and rings for the maid.
- (2') She repeats her behaviour several times a day.
- (3') She takes up a certain position in relation to the table in order to enable the maid to see a certain spot.
- (4') The spot is a mark on the tablecloth and the lady makes sure that the maid cannot fail to notice it.

When we look at the details of their behaviour it indeed looks as if the lady was reproducing the events of the wedding night and was imitating the behaviour of her husband, as Freud suggests. Like her husband, she runs from one room into another. Like him, she repeats this action several times. She also tries to arrange things in such a way that the maid cannot fail to notice the stain in a certain place, just as her husband did. So the similarity is indeed very striking, but there is one difference. The husband wanted the maid to notice the mark on the sheet whereas his wife wanted her to notice the mark on the tablecloth. Freud claims,

however, that the table can be a symbolic representation for the bed. He claimed to reveal such symbolism in dreams. In the case of dreams the psychoanalyst arrives at his knowledge of the meaning of a given symbol independently of the particular dream under scrutiny. He can learn about symbolism from fairy tales and myths, folklore and jokes, poetic and popular linguistic usage, etc. But is there any independent way of learning that a table can stand for bed, apart from the case we are interested in? Freud appeals to a linguistic usage here. In several languages, including German, "bed and board" stands for "marriage". In law there is the following Latin phrase for a legal separation: "separation a mensa et toro" which means "separation from table and bed". So there is independent evidence that "bed" and "table" can stand for marriage. Given this linguistic usage and Freud's revelation that a table represented a bed in several dreams he came across, it is plausible to suggest that in the lady's case too the table could stand for the bed, and the tablecloth for the sheet. And if so, the analogy between the lady's and her husband's behaviour might go even deeper than originally appeared to us.

So far so good. We are willing to accept Freud's suggestion that the woman was reproducing the events of the wedding night by imitating her husband's behaviour. But why on earth was she trying to reproduce something which was so distressful to her? Freud's answer to this is as follows.

"If we examine the relation between the two more closely, we shall probably obtain information about something that goes further - about the intention of the obsessional action. Its kernel was obviously the summoning of the housemaid, before whose eyes the patient displayed the stain, in contrast to her husband's remark that he would feel ashamed in front of the maid; accordingly the stain was in the right place. We see, therefore, that she was not simply repeating the scene, she was continuing and at the same time correcting it; she was putting it right. But by this she was also correcting the other thing, which had been so distressing

that night and had made the expedient with the red ink necessary - his impotence. So the obsessional action was saying: "No, it's not true. He had no need to feel ashamed in front of the housemaid; he was not impotent. It represented this wish, in the manner of a dream, as fulfilled in a present day action; it served the purpose of making her husband superior to his past mishap".³⁶ (all italics are mine)

Thanks to Freud's account, the lady's ritual looks less puzzling. But we are still left unsure how to describe her behaviour more precisely. Was it an intentional action or rather something closer to a dream? Freud's way of trying to account for her behaviour shows some ambivalence. On the one hand he uses such terms as 'intention' and 'purpose' to refer to her behaviour, which seem to imply that in his view she was performing an intentional action for "the purpose of making her husband superior to his past mishap". On the other hand he also makes an analogy between her ritual and dreaming, and suggests that it "represented her wish as fulfilled in the manner of a dream" but not in the way in which intentional action can bring about the satisfaction of a desire. Is there a way of deciding which terms are more appropriate for describing and explaining the lady's behaviour?

Suppose we look at it as an intentional action performed for some further end. Are we in a position to say what that end was, independently of what the lady herself could tell us? Like her husband she was trying to arrange things in such a way that the maid couldn't fail to notice the stain in a certain place. For her husband the stain was a means to communicate to the servant that he was virile. By analogy we can suggest that her activity of displaying the stain in front of the maid served the same purpose, i.e. communicating to her that her husband's masculinity wasn't under doubt after all. Also, independently of her ritual, we know that it was a reasonable thing for her to form such an intention. We remember that despite their separation the lady still had a strong

affection for her husband. She remained faithful to him and couldn't imagine somebody else taking his place. Even without psychoanalytic insight we know that when a woman is in love she reacts very strongly when the value of her sweetheart is at stake, usually by denying that what is alleged is the case. What was at stake with her husband was his virility and it is understandable that she would do something in order to save his image in the eyes of the servant who was in a position to discover his failure. Certain characteristic features of her behaviour and what we know about her situation gives us some justification for talking about her intention or purpose, just as Freud does.

However, there are other aspects of her behaviour which suggest that to talk about the intention or purpose of her ritual is to attribute more to it than there is in it in fact. If the lady was indeed trying to communicate something to the servant, why on earth did she choose such an inappropriate means to achieve her purpose? She could, for instance, have made up some story to persuade the maid that everything was all right with her husband, whether the servant would believe her story or not is another matter, but at least it would have been a better strategy to pursue, given her end. The way the lady was trying to communicate something to the servant was however entirely incomprehensible to the latter. She not merely chose an ineffective means but failed to satisfy the convention of expression appropriate to the occasion. And how are we to reconcile these incompatible claims? On the one hand we want to say that she was pursuing a certain end, but we also have to agree that the means used by her to achieve that end were not merely ineffective but entirely inappropriate for obtaining it. In normal circumstances when we ascribe to people certain intentions or purposes, we also take into account the means used by them, not necessarily the best available to them but at least appropriate means to achieve their ends. When this conceptual connection between ends and means breaks down, as in this case,

it is questionable whether the notion of purpose or intention is applicable to the person's behaviour any longer. There is also some difficulty about ascribing an end to her as well. Originally she seemed to be entirely confused and puzzled by what she was doing, although later she was able to point to the connection between her ritual and what happened during the wedding night. We can even imagine her acknowledging some such aim as Freud would like to ascribe to her, although this may be just an admission that she wished it, not that she did such-and-such in order to obtain it, because she was rational enough to see that the end couldn't possibly be brought about by doing what she did. For these reasons it is better not to talk about the intention or purpose behind the lady's ritual.

Is there a different way of looking at it then? Freud himself makes an analogy between her ritual and a dream. Some dreams, especially those accompanied by sleepwalking when the dreamer behaves as if he was indeed trying to achieve something, come to mind immediately in the context of the lady's behaviour. But unlike the dreamer, who after waking up feels surprised that he is out of bed and usually doesn't know what has happened to him, the woman knew what she was doing, although she was puzzled by why she was doing it. So if there is an analogy between her behaviour and that in a dream, it has probably to do with the expressive character of both phenomena. Her ritual expressed her wish that things were different, as the dreaming man pictures to himself a situation as he wishes it to be. But dreams are not the only phenomena which can express the person's feelings or wishes. There is also waking behaviour which has a similar function, and which seems to provide a better analogy for her behaviour. There are various ways in which one's emotional or other mental state can be expressed by one's behaviour. Firstly, an expressive behaviour can be performed for some further end. A person might express his anger or fear in order to obtain a desired response

from someone else. For instance, he might express his fear, either verbally or non-verbally, because he doesn't want to be left alone. Thus his reason for expressing his fear is his desire not to be left alone and his belief that by doing what he does he can achieve his end of making somebody stay with him. Secondly, expressive behaviour might be directed to no further end other than that of self-expression. An example could be a woman carefully and deliberately writing an angry letter to her friend simply in order to express her feelings. Although what she does isn't directed to some further goal, her behaviour can still be an intentional action. Her reason for writing the letter is her desire to express her emotion and her belief that writing the letter is a way of doing so.

But there are also cases of behaviour which can express a person's emotions, but which are not intentional actions, as in the following examples. A person overwhelmed by sorrow might clutch his head, throw his arms about or do other similar things. All these activities resemble very closely other manifestations of emotions such as a worried look, a worried tone of voice, shaking of the hands, etc. It seems more appropriate to call them bodily reactions rather than intentional actions, for the following reasons. The person might not even realise that he has a worried look, that his hands are shaking, or that he is clutching his head. But even if he is aware of his reactions it is not the case that he desires to react in the way he does. He might even wish that his hands were not shaking, for instance; but he cannot help reacting in this way. This kind of reactions are more like crying or even like somatic symptoms described by Freud, but not like intentional actions, because they are not undertaken with any end in mind. We can still talk about the person's reasons for reacting in this way, although this kind of reasons are quite different from those involved in intentional actions. They are not based on beliefs about the means

to some ends, although they involve beliefs about certain states of affairs, such as a belief that one failed to pass one's exams, for instance. This belief combined with a feeling of disappointment or sorrow over what had happened can make the person clutch his head, or make his hands shake, but these aren't means to any ends, and the subject doesn't believe that they are. Thus reasons for these reactions are like reasons for crying, and although neither of them is an intentional expression of feelings, they still do express the person's feelings.

Expressive intentional action, undertaken either for some further end or for its own sake, and nonintentional reactions expressing the person's emotions and other attitudes, are the opposite ends of the spectrum of expressive behaviour. But there is also a further kind of expressive behaviour which seems to be different from both of them. The following example can illustrate it. Suppose a person is humiliated by his boss, which makes him feel very angry. However, his fear of losing his job prevents him from attacking his boss directly. But when he happens to pass his boss's car he kicks it spontaneously. Of course, he might have done that with the intention of making his boss aware of his anger. But suppose it wasn't his intention to do even that, because he knew that if the boss learned about it his situation could become worse. Why then did he kick the boss's car if it wasn't the car he was angry with but the boss himself? It is possible to suggest that his original desire to attack the boss gave rise to a wish to attack his car when he happened to notice it. In attacking the car he was acting on his wish to do just that and his behaviour is intentional under this description. But even if his kicking the boss's car is intentional it doesn't necessarily follow that his expression of anger with the boss is intentional too. Whether it is depends on how the person himself looks at his behaviour. If he, for example, had a desire to express his

feeling in this way and believed that it was the best way to do so, given his situation, than his behaviour was an intentional expression of his anger. He could even say that he did it in order to express his anger, because he couldn't do so directly. But it was possible that there wasn't any such desire to express his anger with the boss involved in what he did. He kicked the car because he felt like doing it, and not as a means of expressing his feeling, even though it did express his feeling. Thus emotions, like anger, might make the person perform a certain kind of action, but this action is not undertaken because of the belief that it is the way to satisfy one's desire.

This latter kind of expressive behaviour seems to provide the closest analogy to the table-cloth ritual. The lady's feelings over her wedding night made her also do certain things, but not because of any belief that by doing what she did she could bring about some end. In order to understand this kind of behaviour we have to appeal to the persons's relevant attitudes. Thus learning about the lady's feelings, such as being disappointed with her husband, feeling ashamed of his impotence (the feelings she was likely to ^{have} experienced during the traumatic wedding night), and her wish that her wedding night were different, we can understand why she behaved in the way she did. The man's behaviour with his boss's car also becomes intelligible when we learn ^{about} his feeling of humiliation and his wish to answer the boss back by attacking him. So what both of them do is connected with their feelings and wishes, and their behaviour expresses their states of mind.

But the form such expression of attitudes takes in both cases has something peculiar about it. About the lady's ritual Freud said that it represented her wish in a fulfilling manner, because her ritual represented her wedding night in the way she wished it had been. And of the man's behaviour we can also say that it represented his wish to attack the boss as fulfilled too, because it found an expression

in attacking something which represented to him the boss, i.e. his car. Freud often refers to such representation as symbolic, because what the person does represents something else for him. Such symbolic expression of the person's attitudes seems to be different from a simple expression of feelings, because unlike the latter, it involves some kind of link between the content of his wish and what he does. In this respect it looks more like an intentional action, where there is also a similar connection between what somebody does, for instance reaching for a piece of food, and the content of his desire, which is to eat some food because he feels hungry.

Does this mean that behaviour that represents wish-fulfilment is a category of intentional action under this very description? Although it is tempting to take it as such, and some people have indeed taken it that way, we should be careful not to overlook an important difference between the two. In the case of intentional action what the person does is connected not merely with his desire but also with his relevant belief that by doing what he does he can bring about a real satisfaction of his desire. Thus the hungry person when he reaches for food does so because he also believes that this is the way to satisfy his hunger. But in the two cases under consideration such a link with belief seems to be missing. The man who attacked his boss's car couldn't possibly believe that by doing what he did he could satisfy his wish to attack the boss himself, even though attacking the car symbolically expressed his wish to attack the boss as fulfilled in some sense. The lady too, even if she was confused about the meaning of her ritual at first, was rational enough to see that by doing what she did she could neither change the course of her wedding night nor make her servant believe that it was different from what it was (which is what she really wished). So she couldn't possibly hold the relevant belief either. But somebody might reply that although we cannot ascribe to her the

relevant conscious belief we can still ascribe to her an unconscious one. But it is doubtful whether we can do even that. There should be some constraints on ascribing unconscious beliefs, because otherwise anything would pass as an unconscious belief. Thus it is possible to argue that if something cannot pass as an intelligible conscious belief it cannot pass as an intelligible unconscious belief either. Since a belief that by running from one room to another and taking a certain position in relation to the table standing there, one could satisfy one's wish to have one's wedding night over again except for the fact that things were right this time, couldn't be ascribed to the lady in question as an intelligible conscious belief, it is questionable, therefore, whether it could be ascribed to her as an unconscious belief. Since the person doesn't believe that she or he can satisfy the relevant wish - by performing some ritual in one case, or by attacking the boss's car in the other - such behaviour cannot be intentional under this description, even if it can still be intentional under some other description. And although wish-fulfillment representation isn't intentional, it can still express the person's wishes as well as feelings. So it doesn't belong to the category of intentional action but to that of nonintentional expressive behaviour, such as that as described earlier, and can be explained in a similar way.

(B) Interpretations of dreams

Dreams were always of great interest to Freud and his followers. Freud was convinced that a dream can tell us a lot about the dreamer himself, sometimes even more than his waking behaviour can. In a famous sentence, he declared "The interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind",³⁷ To justify this claim Freud put forward a theory of dreaming in sharp contrast to the prevailing theories of his time, and indeed to some contemporary theories. What that contrast is precisely, we learn from the following passage.

My presumption that dreams can be interpreted at once puts me in opposition to the ruling theory of dreams and in fact to every theory of dreams with the single exception of Schrener's; for 'interpreting' a dream implies assigning a 'meaning' to it - that is, replacing it by something which fits into the chain of our mental acts as a link having a validity and importance equal to the rest. As we have seen, the scientific theories of dreams leave no room for any problem of interpreting them, since in their view a dream is not a mental act at all, but a somatic process signaling its occurrence by indications registered in the mental apparatus.³⁸

Freud here expresses the kernel of his theory. Firstly, dreaming is not a mere somatic process but a mental phenomenon; and secondly, dreams have meaning which can be revealed by interpretation.

In what sense is dreaming a mental phenomenon, according to Freud? He invites us to look at some typical dreams, such as many of us are familiar with, to understand this claim.

There is a dream that I can produce in myself as often as I like - experimentally, as it were. If I eat anchovies or olives or any other highly salted food in the evening, I develop thirst during the night which wakes me up. But my waking is preceded by a dream; and this always has the same content, namely, that I am drinking. This simple dream is occasioned by the thirst which I become aware of when I wake. The thirst gives rise to a wish to drink, and the dream shows me that wish fulfilled.³⁹

We can say, therefore, that "The dream represented a particular state of affairs as I should have wished it to be. Thus its content was the fulfillment of a wish and its motive was a wish."⁴⁰ So in saying that dreams are mental phenomena Freud means that there are motives behind them, in this particular case the wish to drink. What kind of motives are expressed by other dreams? Are they invariably wishes or could they be all sorts of things including feelings, attitudes, etc? In Freud's

view "Dreams are psychical acts of as much significance as any others; their motive force is in every instance a wish seeking fulfillment".⁴¹ In other words, wish-fulfillment is a universal characteristic of dreams.

Is Freud's assertion that every dream is the fulfillment of a wish another way of saying that the dream represents a wish as fulfilled, or is it to be taken literally? The following quotation from Isaiah is used by Freud to suggest the former. Isaiah says "It shall even be as when a hungry man dreameth, and, behold, he eateth; but he awaketh, and his soul is empty: or as when a thirsty man dreameth, and, behold, he drinketh; but he awaketh, and, behold, he is faint, and his soul hath appetite."⁴² But Freud also wrote "Unluckily my need for water to quench my thirst cannot be satisfied by a dream in the same way as my thirst for revenge against my friend Otto and Dr. M."⁴³ (expressed by Freud's own dream). This passage seems to imply that although my dreaming of drinking cannot satisfy my thirst there are nevertheless wishes which can be fulfilled by dreams, such as a wish for revenge. But Freud doesn't explain, however, what makes satisfaction or fulfillment possible in one case and impossible in another. Is it due to some difference between these two wishes? There is some difference indeed. Thirst, or the wish to drink, is connected with a bodily need which can only be satisfied through the specific action which procures an adequate object, i.e. water or some other drink. The wish for revenge is not connected with any bodily need and, therefore, doesn't require such specific action. But it requires some action nevertheless, and because the dreamer himself when he wakes up doesn't believe that such an action took place, it is hard to imagine him being satisfied and his wish for revenge fulfilled. So it seems more plausible to interpret Freud's theory as saying that dreams represent wishes as fulfilled, rather than really fulfilling them. Perhaps such representation - whether in dreams, daydreams, or other fantasies - is in some sense satisfying to the subject, but precisely because it is mere representation

it is not literally the fulfillment of his wishes. (With this qualification understood, I shall continue to follow Freud's talk of dreams as fulfilling wishes.)

This doctrine provokes an immediate question, namely, how could all dreams be fulfillments of wishes? Many dreams do not seem to express any wishes, and some have distressing contents, so there are some apparent exceptions to Freud's general claim. He suggests, however, that in some dreams wishes are expressed in a disguised or distorted manner and it is due to this that such dreams do not appear to be wish fulfillments. But when this distortion is unmasked the true nature of such dreams is revealed to us again. To give expression to the fact that some wishes appear in disguised form he sometimes modifies his general statement by saying that "a dream is a (disguised) fulfillment of a (suppressed or repressed) wish".⁴⁴

But the source of the distortion in dreams has to be explained, and to do this Freud put forward his doctrine of dream-work. An essential part of this doctrine is the famous distinction between the 'manifest and latent' content of a dream. The manifest content, also called the 'dream-content', is what constitutes the subject of the dream-report, i.e. the narrative told by the dreamer when he wakes up. The latent content, sometimes referred to as 'dream thoughts', is what gives the dream its sense or meaning. The 'dream-work' is the process supposedly responsible for the transformation of the latent content into manifest content. It operates through various methods or mechanisms such as condensation, displacement, representation and secondary revision. Let us explain briefly what Freud means by these terms. By condensation, he wrote, we "understand the fact that the manifest dream has a smaller content than the latent one, and is thus an abbreviated translation of it".⁴⁵ Thus condensation might result, for instance, in the total omission of certain latent elements. It can also happen that latent elements which have something

in common become fused into a single unity. As far as displacement is concerned

"It manifests itself in two ways: in the first, a latent element is replaced not by a part of itself but by something more remote - that is, by an allusion; and in the second, the psychical accent is shifted from an important element on to another which is unimportant, so that the dream appears differently centered and strange".⁴⁶

Displacement then takes a big share in the distortion of dreams.

Representation "consists in transforming thoughts into visual images".⁴⁷

To make his point clearer Freud draws an analogy between the mode of representation in dreams and in visual art, in some forms of primitive painting in particular. In such painting the hierarchical position of a person can be expressed by the size of his body. Dreams too make use of such images. For instance, a "highly placed person" can be represented in a dream by a high tower. The last mechanism of dream-work, secondary revision, "fills up the gaps in the dream-structure with shreds and patches. As a result of its efforts, the dream loses its appearance of absurdity and disconnectedness and approximates to the model of an intelligible experience".⁴⁸

The dream-work, with its various mechanisms, is not the only factor responsible for the distortion of latent content. Another factor which produces a similar result is dream-symbolism. According to this doctrine, certain objects and activities find a regular form of expression in many different dreams. Male genitals, for example, are often represented by things which resemble their shape, such as sticks and other long objects. Although the symbols discussed by Freud and his followers are very numerous, the range of things they symbolize is very narrow: the body, parents, blood relations, birth, death, nudity, sexual organs and acts. Some of these symbols are common to all human beings regardless of their diversity in culture or race. The existence of a symbolic mode of

representation of such universal character invites the following questions. How did humanity acquire these symbols in the first place, and how are they passed on to individuals? To cope with this problem Jung, put forward his theory of the "collective unconscious" which is based on a hypothesis of phylogenetic inheritance. Freud, however, never committed himself completely to such a hypothesis, although he toyed with it in his account of primal phantasies.

Dream-symbolism confronted Freud with yet another difficulty, namely, how to spell out a precise relationship between dream-work and dream-symbolism. Dream-symbolism can be responsible for the distortion just as dream-work is, yet it cannot be explained by the mechanisms of dream-work alone because it seems to suggest a more general capacity of the human mind, which finds expression in many other phenomena, apart from dreams, for similar symbols appear also in fairy tales, poetry, myths, jokes, etc. To solve this difficulty Freud suggested the following compromise. Although dream-symbolism is an independent factor in the distortion of dreams alongside dream-work, the latter can make use of the symbols nevertheless. It is interesting to notice in this context that the doctrine of dream-symbolism was a late addition to Freud's theory of dreams. The section concerning symbolism was not inserted into The Interpretation of Dreams, his major work on the subject, until as late as 1914 and Freud himself acknowledged the profound influence of Wilhelm Stekel in this respect. That explains his uncertainty about dream-symbolism, which stands in sharp contrast to his bold formulation of dream-work.

To persuade us, even provisionally, that dreams are wish-fulfillments and that his doctrine of dream-work is not an empty claim, Freud has to show that wishes which instigate dreams and are expressed by them as fulfilled are capable of being identified, either by the dreamer or somebody else. When Freud wrote "The aim I have set before myself is to show that dreams are capable of being interpreted" he accepted this challenge.⁴⁹

He also provided us with a method of interpretation. To be strict, there are in fact two methods available to the psychoanalyst: based on dreamer's associations and on symbolic dream interpretation. The former is not peculiar to dreams but is used in psychoanalysis in general, for interpreting errors and symptoms as well. In the case of dreams it relies on what the dreamer himself says, what occurs to him in connection with his dreams and how he arrived at it. Since dreams have usually a multiplicity of elements, the psychoanalyst might ask the subject to produce associations to each element of his dream until they reach some significant point. How this method works in practice should become clearer when some examples of interpretations are discussed. At this stage it is important to notice that the task of interpretation is imposed upon the dreamer himself as far as possible. As Freud wrote

I pointed out to you at the time (i.e. in his discussion of parapraxes) that this piece of information (i.e. information given by the person who made the error) was the model of every psychoanalytic investigation, and you will understand now that psychoanalysis follows the technique of getting the people under examination so far as possible themselves to produce the solution of their riddles. Thus, too, it is the dreamer himself who should tell us what his dream means.⁵⁰ (my italics).

The symbolic interpretation of dreams is quite different. The psychoanalyst here reveals the meaning not by questioning the dreamer himself but by appealing to his own knowledge of the meaning of the symbols, which he arrives at independently of the particular dream under scrutiny. We are told that the psychoanalyst learns about dream symbolism "from very different sources - from fairy tales and myths, from buffoonery and jokes, from folklore (that is from knowledge about popular manners and customs, sayings and songs) and from poetic and popular linguistic usage".⁵¹ Take, for example, a symbol which can stand for parents. In fairy tales parents

are often represented by a royal couple. Thus a fairy tale may begin: "Once upon a time there were a King and Queen", which usually means there were a father and mother. The King can also be referred to as the father of his country, and his subjects are often called his children. The fact that the royal couple can be a symbol for parents is learned from such sources and then applied to dreams by analogy. Or consider an interesting symbol for dying, which is often represented by a journey or departure. Even in everyday life we sometimes speak of dying as "the last journey" or as a poet speaks of death as "the undiscovered country from whose bourn no traveller returns". (Hamlet, Act 3, sc. 1). Ancient religious books (e.g. The Book of the Dead) also speak of a journey to the land of dead. Children too are sometimes told that a dead person has gone on a journey. Such linguistic usage can teach us that journey and departure are symbols of death, and this knowledge is then used in the interpretation of dreams.

What is the relationship between these two different methods for interpreting dreams? Although Freud uses both of them, it is the method of free associations which is more important to him, as he himself said.

I should like to utter an express warning against overestimating the importance of symbols in dream-interpretation, against restricting the work of translating dreams merely to translating symbols and against abandoning the technique of making use of the dreamer's associations. The two techniques of dream-interpretation must be complementary to each other; but both in practice and in theory the first place continues to be held by the procedure which I began by describing and which attributes a decisive significance to the comments made by the dreamer, while the translation of symbols, as I have explained it, is also at our disposal as an auxiliary method".⁵²

The symbolic technique cannot be more than an auxiliary one, for the reason that no dream symbol can be separated from the individual in whose dream it appears. The same symbol can have a different significance for different people. To hope, therefore, that we can produce a ready-made systematic guide with fixed meaning for particular symbols is an illusion in Freud's view.

We are ready now to look at some of Freud's own examples of dream interpretation. It is good to start with simple examples first (as he himself did) where the meaning of the dream can be revealed on the basis of its manifest content alone, as in the following case. The dreamer was an eight-year-old girl. One day she was on a walk with her father and several other children. They intended to visit a place called Rohrer Hütte. It was getting late, however, and they had to turn back, but the father promised the children to make up for the disappointment another time. On their way home they passed the sign-post to another place called Hameau; but once again the children had to be consoled with the promise of visiting it on another occasion. Next morning the girl told her father in a satisfied tone: "Daddy, I dreamt last night that you went with us to the Rohrer Hütte and Hameau."⁵³ There is a clear connection between what happened during the walk and the content of the girl's dream. But while during the walk her desire to visit both places had been frustrated her dream represented the whole situation as she wished it to be. "In her impatience she had anticipated the fulfillment of her father's promise" said Freud.⁵⁴

Most dreams are not so straightforward, however. Their meaning is usually represented in a disguised form, as in the following example. Freud's patient, who was a young girl, reported this dream. "I saw Karl lying before me dead. He was lying in his coffin with his hands folded and with candles all round - in fact just like little Otto, whose death was such a blow to me."⁵⁵ It needs explaining that Otto and Karl were the names of her sister's children. Otto, who was her favourite, died (to her

sorrow) but his brother Karl was alive, contrary to the content of her dream. The dreamer also reported that in her dream she felt neither pain nor grief. The girl wasn't sure what was the meaning of her dream. To interpret it we need some more information about the dreamer. We learn from Freud that

The girl had early been left an orphan and had been brought up in the house of a much older sister. Among the friends who visited at the house was a man who made a lasting impression on her heart. For a time it had seemed as though the scarcely acknowledged relations with him would lead to marriage; but this happy outcome was brought to nothing by her sister, whose motives were never fully explained. After the breach the man ceased to visit the house; and shortly after the death of little Otto, on to whom she had meanwhile turned her affection, my patient herself set up on her own. She did not succeed, however, in freeing herself from her attachment to her sister's friend. Her pride bade her avoid him; but she was unable to transfer her love to any of the other admirers who presented themselves later. Whenever it was announced that the object of her affections, who was by profession a literary man, was to give a lecture anywhere, she was invariably in the audience, and she took every possible opportunity of seeing him from a distance on neutral grounds.⁵⁶

How is all this related to her dream? On the day before her dream, she disclosed to Freud an interesting fact. The professor with whom she was in love was going to a concert, and to enjoy a glimpse of him once more she had bought a ticket as well. And this event was going to take place in the evening of the day she reported her dream. Freud became convinced that there must be some connection between these two facts, since (he assumed) dreams are usually concerned with what preoccupies us strongly in our waking life. He asked the girl to produce some associations and the following thing occurred to her in connection with little Otto's death:

"Of course; the Professor came to see us again after a long absence, and I saw him once more beside little Otto's coffin." On the basis of this and what he was told on the previous day, Freud was able to produce the following interpretation.

If now the other boy were to die, the same thing would happen. You would spend the day with your sister and the Professor would be certain to come to offer his condolences, so that you would see him again under the same conditions as the other time. The dream means no more than your wish to see him more (my italics), a wish which you are inwardly struggling against. I know you have a ticket for to-day's concert in your pocket. Your dream was a dream of impatience: it anticipated the glimpse you are to have of him to-day by a few hours.⁵⁷

We learn once more that a dream is an expression of the dreamer's mental state, in this case the wish to see the man of her heart, which she was aware of in her waking life but was disguised in her dream. In contrast to the first example, the wish is expressed in a distorted form. Freud claims that it is dream-work, with its various mechanisms, which is responsible for the dream distortion. Which mechanisms, then, were operating in this particular case? Firstly, there was a displacement. We remember that displacement can be responsible for a replacement of the mental state by an allusion. The scene of Karl lying dead, just like his brother Otto, at which time the professor came to offer his condolences and she had a glimpse of him once more, was an allusion to her wish to see him during the evening concert. But although the picture of Karl's death in her dream was a replica of his brother's death in real life, one important element was missing in the manifest content. The dream didn't say that the professor came again to offer his condolences as he did when Otto died. We remember that when certain elements in the manifest content are missing, sometimes central to the understanding of its real

meaning, there is a mechanism of condensation at work. So the important omission in the girl's dream can be explained in terms of condensation. The fact that the dream had the form of a visual image is due to the mechanism of representation, responsible for transformation of thoughts into visual images. But there was one thing in the manifest content, however, which escaped distortion. She said that the sight of Karl's death in her dream produced neither grief nor pain on her part. According to Freud, since "affect had to be in tune with her wish and not with its disguise there was thus no occasion for grief."⁵⁸

The dreams discussed so far were expressions of a wish the dreamer was aware of in waking life, even if there was some distortion in the second case. Let us look now at an example of a dream being an expression of an unconscious motive. A lady who had been married for many years, though she was still young, had the following dream.

She was at the theatre with her husband. One side of the stalls was completely empty. Her husband told her that Elise L. and her fiancé had wanted to go too, but had only been able to get bad seats - three for 1 florin 50 kreuzers - and of course they could not take those.

She thought it would not really have done any harm if they had."⁵⁹

The first thing the lady told Freud in connection with her dream was the fact that on the previous day she received news that a friend of hers, Elise L., who was her contemporary, had just become engaged. Her dream was a reaction to this information. Both Elise L. and her fiancé appear in the manifest content of her dream. But what about other elements in her manifest dream? The dreamer was able to produce the following associations to them. The detail about one side of the stalls being empty reminded her of a real event from the previous week. She wanted to go to a particular play, and being afraid that the tickets might be sold out she bought them so early that she had to pay a booking fee. On arrival at the theatre she noticed, however, that one side of the stalls was empty, just as in her dream. Her husband had kept on teasing her for having been

in too much of a hurry and paying the extra fee unnecessarily. The sum of 1 fl. 50 kreuzers reminded her of yet another event. She was told on the previous day that her sister-in-law had been given a present of 150 florins by her husband and had been in a great hurry - the silly goose - to rush off to jewellers' and spend the whole sum on a piece of jewellery. In connection with the word "three" in her dream the only thing she could think of was that Elise, her newly - engaged friend, was only three months her junior, though she herself had been married for nearly ten years. But she wasn't able, however, to produce any associations to the absurd idea of taking three tickets for only two people. What struck Freud in this case was a large number of references to things being done in a hurry, too early, etc., in her associations to the dream, although not in its manifest content. "She took the theatre tickets too early, bought them over-hurriedly so that she had to pay more than necessary; so too her sister-in-law had been in a hurry to take her money to the jewellers and buy some jewellery with it, as though otherwise she would miss it."⁶⁰ By putting together this idea of things done in a hurry with the news that her friend, though only three months her junior, had nevertheless got an excellent husband, the news to which her dream was a reaction, Freud was able to reach the following interpretation. "Really it was absurd of me to be in such a hurry to get married! I can see from Elise's example that I could have got a husband later too."⁶¹ Freud reports that the lady agreed to this interpretation of her dream but was surprised by it. He makes some further comments about this dream but stresses, however, that they should be taken with caution because the dreamer wasn't able to produce the relevant associations. We remember that she couldn't comment on the fact that according to her dream, three tickets were bought for two people. Freud suggests that this absurdity could be an ingenious piece of representation of the absurdity of getting married so early, expressed by the latent content of her dream.

The relation between two sums of money (150 florins is a hundred times more than 1 florin 50) could mean "And I could have got one a hundred times better with the money!" The money in her dream could be a reference to her 'dowry'.

In this dream, as in the second example, we are faced with various distortions, and different mechanisms of dream-work responsible for them could be traced out. But the structure is even more complicated. There isn't any simple relation between the manifest and latent elements but "a group-relation between the two layers, within which one manifest element can replace several latent ones or one latent element can be replaced by several manifest ones."⁶² This dream gives us a glimpse of the enormous difficulty of the task of interpretation and provides a warning against any simple approach. Freud wrote

In interpreting a dream moreover, we find that the associations to a single manifest element need not emerge in succession: we must often wait till the whole dream has been interpreted. Thus the dream-work carries out a very unusual kind of transcription of the dream-thoughts: it is not a word-for-word or a sign-for-sign translation; nor is it a selection made according to fixed rules - as though one were to reproduce only the consonants in a word and to leave out the vowels; nor is it what might be described as a representative selection - one element being invariably chosen to take place of several; it is something different and far more complicated."⁶³

This fact makes the task of interpretation impossible in some cases and Freud himself admits explicitly that not all dreams are capable of being interpreted.

The first question Freud's theory of dreams provokes is as follows. He claims that dreams are invariably fulfillments of wishes and yet his analysis shows that there are also other motives. Anxiety dreams with distressing contents are the most obvious exceptions to Freud's general claim. In their case Freud used various strategies to argue that they are wish fulfillments after all. He suggested, firstly, that there are people with masochistic tendencies who might derive pleasure from painful experiences and this might also be the case with dreams. We read "It will at once be seen that people of this kind can have counter-wish dreams and unpleasurable dreams, which are none the less wish-fulfillments since they satisfy their masochistic inclinations."⁶⁴ Secondly, he argues that a painful dream may be 'wishful' in the sense that "distressing dreams do in fact contain something which is distressing to the secondary agency (i.e. superego), but something which at the same time fulfills a wish on the part of the first agency (i.e. id)".⁶⁵ If we do not like Freud's talk about different agencies in this context, his point can be made in a different way. One might suggest that a person can have a wish which he doesn't like, and if such a wish is fulfilled the man might still be left unsatisfied. And thirdly, it is possible that some painful 'day-residues' which constitute the manifest content of the dream might serve as a disguise for the dreamer's repressed wish. Despite the ingenuity of all these arguments it is not clear that all distressing dreams could be explained in some such way, and as we shall soon see, Freud came to abandon this general claim anyway.

Why, despite apparent evidence to the contrary, does Freud nevertheless want to maintain that all dreams are wish-fulfillments? An answer to this question can be found in the following passages.

But all this has not brought us a step nearer to solving the riddle of why it is that the unconscious has nothing else to offer during sleep but the motive force for the fulfillment of a wish. The answer to this question must throw light upon the psychical nature of wishes, and I propose to give the answer by reference to our schematic picture of the psychical apparatus.⁶⁶

which he does in the seventh chapter of The Interpretation of Dreams.

From his considerations there it follows that

It is self-evident that dreams must be wish-fulfillments, since nothing but a wish can set our mental apparatus at work. Dreams, which fulfill their wishes along the short path of regression, have merely preserved for us in that respect a sample of the psychical apparatus' primary method of working, a method which was abandoned as being inefficient. What once dominated waking life, while the mind was still young and incompetent, seems now to have been banished into the night.⁶⁷

What becomes evident from these passages is the fact that the notions of wish and wish-fulfillment are used here by Freud in a technical sense. As technical or theoretical concepts they are connected with other terms of his metapsychological theory such as "primary process" mode of functioning of the mental apparatus, "regression", etc. Whether this concept of wish-fulfillment can be elucidated by means of its connections with other concepts of his metapsychological theory doesn't interest us at the moment. What is important to realise at this stage is the fact that all these concepts are to be explained in terms of Freud's theory of the mind and not in terms of experiences of the person i.e. the states or processes he can report. Freud may be justified in using technical terms, but if he does so he cannot at the same time claim that "the dreamer himself should tell us what his dream means", because people are not in a position to observe the unconscious processes postulated by Freud's metapsychology, to which the technical notion of wish-fulfillment is referring at the end. In other words Freud

cannot have it both ways, i.e. use the notions of wish and wish-fulfillment in a technical sense only and also claim that a person is in a position to understand the wish behind his dream.

In his later works Freud was in fact prepared to admit that there are some exceptions to his general claim about dreams, and he didn't try to rescue his thesis by appealing to the technical notions of wish and wish-fulfillment. Consider firstly the case of traumatic neurosis. People suffering from it experienced a severe trauma in their life, caused by a war or other catastrophic incident. Such people very often reported recurring dreams in which their traumatic experience was repeated again and again. Faced with such phenomena, Freud had to admit at the end that "In their case the dreams regularly end in the generation of anxiety. We should not, I think, be afraid to admit that here the function of the dream has failed."⁶⁸ By saying that their function has failed Freud means that they failed to gratify a wish. Later on his departure from his wish-fulfillment thesis included yet further cases of dreams. We are told that

Actual experiences of the day are sometimes simply repeated in sleep; reproductions of traumatic scenes in "dreams" have led us only lately to revise the theory of dreams. There are dreams which are to be distinguished from the usual type by certain special qualities, which are, properly speaking, nothing but night-phantasies, not having undergone additions or alterations of any kind and being in all other ways similar to the familiar day-dreams.⁶⁹

Freud is saying in effect that such dreams can express a variety of motives, not merely wishes. It is clear, therefore, that the notions of wish and wish-fulfillment are too narrow to encompass all the dream phenomena Freud came across, and he was prepared to admit as much, on some occasions at least.

So far so good. Freud provides us with an interesting story about dreams which has certain attractions, even if we are not prepared to swallow all the details of it such as the wish-fulfillment generalization discussed above. Dreams do seem to have something interesting and yet puzzling about them, and we feel that they call for interpretation. In fact people from various cultures and different periods have tried to interpret dreams. It is understandable, therefore, that Freud's suggestion about the possibility of interpreting dreams would be found attractive. But however attractive it looks, it might be an illusion after all. The task of interpretation, whether of a dream or something else, requires that there should be some intersubjective data we can appeal to in arguing for the correctness of an interpretation. Without such data we wouldn't be able to distinguish between correct and incorrect interpretations. In the case of dreams such intersubjective data seem to be unavailable. The only thing we can rely on seems to be the dreamer's own report, and this is unfortunately very untrustworthy. We know all too well how easily we forget our dreams. And what guarantee do we have that our apparent recollections of dreams aren't in fact stories made up by us when we wake up? Freud himself was aware of these dangers when he wrote:

If anyone gives an account of a dream, has he any guarantee that his account has been correct, or that he may not, on the contrary, have altered his account in the course of giving it and have been obliged to invent some addition to it to make up for the indistinctness of his recollections? Most dreams cannot be remembered at all and are forgotten except for small fragments. And is the interpretation of material of this kind to serve as the basis of a scientific psychology or as a method for treating patients?⁷⁰

Being aware of all these problems how could Freud still attempt to erect his theory on such unreliable data? He was convinced that there is a solution in the suggestion that the dreamer's report of the content of his dream should be taken at its face value. We read "We can help to overcome the defect of the uncertainty in remembering dreams if we decide that whatever the dreamer tells us must count as his dream (my italics), without regard to what he may have forgotten or have altered in recalling it."⁷¹ The question whether the dreamer's report is a veridical recollection of his dream is not of great importance to Freud, because according to his doctrine the dreamer's narrative, i.e. the manifest content, is usually distorted anyway. To arrive at the true meaning of the dream Freud has to appeal to its latent content. And what is evidence for the latter is not so much the original report but the dreamer's waking reactions, e.g. how he feels about it. The dream might remind him of some events from the previous day or even things from early childhood. In other words the psychoanalyst asks the dreamer to produce a substitute for his dream, which still belongs to the original report in a way. This substitute is then used as a basis for interpretation. And since it is produced by the subject when he is awake it is as capable of intersubjective observation as the rest of his waking behaviour. Freud's reliance on the report of the dreamer can be compared with N. Malcolm's view that whatever the person tells sincerely upon waking counts as his dream.⁷² In opposition to Freud, for whom "Dreaming is evidently mental life during sleep",⁷³ Malcolm claims, however, that dreaming is not to be conceived of as a process temporally preceding dream reports. But because this difference hasn't any implications for the actual interpretation of dream-contents (as Malcolm agrees) we aren't going to discuss it here.

Freud's attempt to base the interpretation of dreams on the dreamer's waking reactions to his dream, or free associations as he calls them, looks a sensible strategy. Some critics of Freud do not believe, however, that it could be successful. In Wittgenstein's view what it enables Freud to achieve are at best "wondrous representations".

Freud remarks on how, after the analysis of it, the dream appears so very logical. And of course it does. You could start with any of the objects on this table - which certainly are not put there through your dream activity - and you could find that they all would be connected in a pattern like that; and the pattern would be logical in the same way.⁷⁴

So dream interpretation is said to be analogous to arranging objects on a table into some pattern. What is this analogy supposed to show? It shows, in Wittgenstein's view, that although free associations enable Freud to produce some logical patterns, these patterns are unrelated to the dream just as the objects which happened to be on the table could be arranged into a pattern in no way determined by their original arrangement. However, Wittgenstein's analogy fails for the following reason. A dream is produced (even if unintentionally) by the dreamer, whereas the objects on the table may not have been put there by any one person, as Wittgenstein himself said "certainly are not put there through your dream activity." So there is some kind of internal connection between the dreamer and his dream which is absent in Wittgenstein's example. And if so, there was no need for the person who found some objects on the table to arrange them into a pattern, unless he wanted to do so for fun. But if the dreamer produces something he himself is puzzled about, there is a need to make it intelligible. In other words, the arrangement of objects on the table does not call for interpretation whereas dreams do, and so it is reasonable for people from different places and periods to try to interpret them.

Wittgenstein gives several such analogies of dream interpretations.

Let us look at one more.

Suppose we were to regard a dream as a kind of game which the dreamer played. There might be a game in which paper figures were put together to form a story, or at any rate were somehow assembled. The materials might be collected and stored in a scrap-book, full of pictures and anecdotes. The child might then take various bits from the scrap-book to put into the construction; and he might take a considerable picture because it had something in it he wanted and might just include the rest because it was there.⁷⁵

It is not entirely clear what Wittgenstein means by saying that some bits and pieces were included by the child in the construction just "because they were there". He seems to suggest that there might be no logical or meaningful connection between them and the rest of the picture. And if we think of a dream as a kind of game then not everything the dreamer reports has to be meaningful or logical, as "Not everything in the story is allegorical."⁷⁶ If this is what he meant, he is not yet critical of Freud. Freud never said that every element of the dreamer's narrative is meaningful. From his discussion of the mechanisms of dream-work, secondary revision in particular, it follows very clearly that some elements of the manifest content are merely shreds and patches produced to fill up the gaps in the dream-structure, without any other meaning than that. In his interpretation of particular dreams Freud doesn't try to ascribe a meaning to every element of the dreamer's narrative either. In the second case above, for instance, the dreamer reported that in her dream the boy's coffin was surrounded by candles. And although candles are regarded by Freud as an important phallic symbol he didn't try to interpret them thus in this particular instance because in his view they were just patches produced by secondary revision to make the whole scene look more realistic. This second analogy of dream interpretation seems to be better than the first,

because the games can express the child's phantasies as dreams do, and they are in fact used in some cases of child analysis. However, Wittgenstein's example as it stands might not be the best analogy of dream interpretation. He doesn't tell us whether the selection from the scrap-book was assembled by the child himself or somebody else. Suppose it was assembled by somebody else in such a way that bits and pieces fitted each other. And if that was the case then the reason why the child put them together was just because they fitted each other. Such a construction can give us some information about the child's intelligence or ability but wouldn't be a good guide to his phantasies. But if the bits and pieces were assembled by the child himself because he wanted to produce some story, the psychoanalyst can try to interpret his story as he interprets dreams, and such interpretation might teach us something about the child's phantasies. This is in fact one of the ways in which psychoanalysts coping with children proceed.

From these and other remarks of Wittgenstein it follows that in his view when Freud tries to interpret dreams what he is aiming at is some "logical pattern". But is it indeed the case that Freud's dream interpretation is merely concerned with producing a logical pattern? It depends, of course, what we mean by a "logical pattern." Freud himself sometimes talks about dreams being "logical". By that he means that the narrative produced by the dreamer is perfectly consistent and intelligible, like narratives produced in waking life. But there are also dream narratives which have gaps and inconsistencies in them. In some, strange mumbles occur, which sound like words but which do not belong to any dictionary. Such dreams are entirely unintelligible and we wouldn't even try to compare them with waking narratives. But in Freud's view intelligible or "logical" dreams call for interpretation as much as unintelligible ones do. So a logical pattern of this kind is not what Freud is aiming at when he tries to interpret dreams. What is his dream interpretation about then?

The analysis of dreams discussed above makes it very clear. In the first case (the little girl) he connects the dreamer's narrative with her waking life, i.e. what happened on the previous day while she was on a walk with her father and friends, namely, how she was disappointed at not being able to visit Rohrer Hütte and the Hameau and how her expectations were aroused by her father's promise that he would take the children to both places on another occasion. The second example was also connected with the dreamer's waking experience and behaviour, i.e. what she told Freud about her feeling towards the professor, what she did in order to see him and how she anticipated the evening when she was going to have a glimpse of her beloved once more. And the same is true in the other cases. For Freud, therefore, to interpret a dream is to connect it with the person's waking life, his wishes, feelings, expectations, etc., and it is because of this connection that the interpretation becomes acceptable, not just because it arranges the dream into some logical pattern, as Wittgenstein suggests.

Secondly, if Freud was merely concerned with a logical pattern he wouldn't insist, again and again, on the importance of the dreamer's associations in the interpretation of dreams. "But dream interpretation of such a kind, without reference to the dreamer's associations, would in the most favourable case remain a piece of unscientific virtuosity of very doubtful value."⁷⁷ He also wrote

"Even if, owing to one's own experience, one is in a position to understand many dreams to the interpretation of which the dreamer has contributed little, one must always remember that the certainty of such interpretations remains in doubt and one hesitates to press one's conjectures upon the patient."⁷⁸

Why is the dreamer's reaction to his dream such an important element in its interpretation in Freud's view? Because to understand the meaning of the

dream is also to understand how it came about, i.e. what was responsible for its production. "We not only want to know what a dream says, if it speaks clearly, as it does in these examples of ours, we also want to know why and for what purpose this familiar material, only recently experienced, has been repeated in the dream".⁷⁹ The questions what does the dream say and why did the person dream it are two aspects of the same problem, because according to him, the experience which led to a dream manifests itself in a form which is somehow related to its cause. The person's reaction to his dream is another expression of his experience. So by asking the subject to associate to his dream Freud is looking for independent evidence pointing towards some motive behind the dreamer's original narrative. All that suggests that the interpretation of dreams is unlike many other interpretations we come across.

Take, for instance, the interpretation of poetry. In order to understand a poem we do not have to appeal to the poet's intention or motive even if there was some such motive. Suppose the poet was in love with a woman and his poem expresses his love. This information might be interesting, but is not essential for the understanding of his poem. Quite often a reader gives an interpretation of a poem which surprises its author, and although such an interpretation might be quite different from what the poet had in mind when he was writing he might still accept it. Somebody else can give yet another interpretation of the same poem, and all these different interpretations might be perfectly acceptable. This is possible because in the case of poetry what matters is whether an interpretation is interesting or original and not whether it is correct or incorrect according to the author's states of mind. I suppose we could look at dreams as a kind of poetry and ask whether they are interesting, original, etc. But it is certainly not the way Freud wants to look at them. What he expects from the interpretation of a dream is some information about

the dreamer himself, namely, what wish, feeling or other mental state made him have this particular dream. So what matters is not the originality or cleverness of the interpretation but whether it describes the dreamer's motives correctly or incorrectly. All that doesn't exclude the possibility of dreams having more than one meaning, as Freud himself suggested. This can happen when two or even more wishes instigate one dream. But the criterion of correctness is still applicable here, unlike in the case of poetry.

Let us look in turn at a case of interpretation where correctness or incorrectness does matter, as in the case of dreams. An interpretation of a jig-saw puzzle would be an example. Suppose a picture is cut into a large number of fragments of irregular shapes. As a result each fragment has an unintelligible piece of drawing upon it. All the fragments are then mixed up. Suppose a person who produced this jig-saw puzzle (or somebody else) is asked to solve it. If he succeeded in putting each fragment into the right place so that all the fragments fit into each other and there is no gap anywhere in the picture we can say that he solved the jig-saw puzzle correctly. But if there are some gaps, or some fragments do not fit into each other, his solution is incorrect. So the notions of correctness and incorrectness are applicable here. But is this kind of interpretation similar to dream interpretation? Certainly not, because what matters in the jig-saw puzzle is a logical pattern and not the motive of the person who cut the picture up. Suppose one person produces the jig-saw puzzle because he feels bored and wants to kill time in this way, while another does it just to prove that he can do it. The solution to the jig-saw puzzle is correct regardless of the motive for the production of the puzzle. But if two dreamers happen to produce similar, or even identical, dream narratives, their interpretations could still be very different.

The interpretation of dreams is not like that of poetry, or indeed any work of art, nor is it like the solution of a jig-saw puzzle. It is more like the interpretation of puzzling and unintelligible behaviour, such as neurotic symptoms, where in order to understand the meaning of the person's products we have to find his motive. We have already learnt about the ways in which Freud arrives at understanding of the various neurotic symptoms. In order to establish a motive behind a particular symptom he connects its content with the rest of the subject's behaviour and his situation. When such a connection is not clear he asks the subject himself to suggest a possible connection, as in the case of the table-cloth lady's ritual. So what the subject himself says in connection with his symptoms provides an important clue for understanding his motive. Some further information provided by the person himself, or acquired in some other way, can also be important. In the table-cloth lady's case, for instance, it was quite important to learn that she was still in love with her husband despite his impotence. In other words, the motive ascribed to the person has to be consistent with the rest of his behaviour and the kind of person he is. Similar requirements have to be met in the case of dreams. If to interpret a dream is to connect it with the person's waking life, as Freud does, there should be a consistency between the motive ascribed on the basis of the dream and that indicated by waking behaviour. Does Freud's interpretation of dreams, discussed here, satisfy these conditions?

When the wish to visit Ruhrer Hütte and Hameau was ascribed to the little girl on the basis of her dream, Freud took into account the content of the dream itself as well as the girl's expression of her wish, prior to the dream, when during the walk she asked her father to take her to these both places. In this case it was easy to establish the motive behind the dream, because the wish was expressed by its manifest content and the person's own avowal of her wish was available to the observer.

What Freud did in this particular case is very similar to the common sense interpretation of motivated behaviour. We hear, for example, a person expressing his anger with somebody and then he does something that reflects his anger, which justifies the observer in ascribing this very motive to his behaviour. In cases like that the subject himself is usually quite aware of the motive for his behaviour, just as the dreamer would be able to understand quite easily the motive for his dream, when it is expressed in an undisguised form. When I go to bed hungry and then dream about eating a large quantity of food I don't need a psychoanalyst or anybody else to tell me what my dream is an expression of.

However, most dreams are not like that at all. In order to understand their meanings we cannot appeal to their manifest contents because they express wishes or other motives in a disguised form. How does Freud arrive at the meaning of this kind of dream? First of all he asks the dreamer himself about the meaning of his dream. This is always a good strategy to try, because what is puzzling and unintelligible to the observer, who might not be very familiar with the details of the dreamer's life, might be much clearer or even obvious to the dreamer himself, as the following case shows. A lady reported that when she was a child she very often dreamt that "God wore a paper cocked-hat on his head".⁸⁰ Freud's reaction was as follows: "What can you make of that without the dreamer's help? It sounds completely nonsensical". It doesn't make any sense to us either, but the dreamer could make sense of it. When she was a child, she used to have a hat of that kind put on her head at meals, because she could never resist taking furtive glances at her brothers' and sisters' plates to see whether they had been given larger helpings than she had. She said "As I had heard that God was omniscient and saw everything, the dream can only mean that I knew everything and saw everything, even though they tried to prevent me."⁸¹ Now we can appreciate even more Freud's suggestion that people should be made as far as possible

to produce the solution to their riddles themselves. This applies not only to dreams but other riddles as well. We remember Frau Cacilie's case of facial neuralgia which puzzled Freud because of its unusual nature, but which Frau Cacilie herself could connect quite easily with the insulting remark from her husband, which she felt as a slap in the face. In every-day life when we come across some puzzling behaviour we use the same strategy as Freud does, i.e. we ask the subject himself what is the motive or reason for doing what he does, and his answer might remove our puzzlement. Suppose we observe somebody removing all the books from his study, except those which have yellow and brown covers; which looks strange to us. His information that he does so for an aesthetic reason, to make the colour of the books fit with the rest of the room, helps to remove our puzzlement, even if we ourselves don't share his aesthetic tastes or wouldn't care about the aesthetic details of our surroundings as much as he does.

But there are also some dreams, just as there were cases of neurotic symptoms, where the subject is as puzzled by what he himself produces as an independent observer of his behaviour would be. The young girl's dream about her little nephew being dead, discussed earlier, could be an example. When asked about the meaning of her dream originally she was unable to make any sense of it. What Freud did in her case was to try to use the information about her situation, which was available to him independently of the dream, and then apply it to her dream. He knew that she was in love with the man, whom she was going to see on the same day as she reported her dream. It was easy to see that what preoccupied the girl's mind at that time was her expectation of seeing her sweetheart and that her dream could be influenced by this frame of mind. However, the manifest content of the dream didn't make any reference to the man she loved. But when she was asked to produce free associations to her dream she said that the little nephew's death has reminded her of his brother's

real death when the professor came to see them again and she was enjoying the sight of him once more. This unmistakable connection between her associations to the dream and what the dreamer was going to do in her waking life enabled Freud to say that her dream anticipated her desire to see the man she was in love with.

Although this interpretation of the dream satisfies the criterion of consistency, which is a necessary condition for the correctness of the interpretation, it might not meet the sufficient condition however. We can imagine a different interpretation of the same dream also consistent with other aspects of her experience and behaviour, but rival to that given by Freud. We have learned from the girl's own account that of the two nephews it was Otto who was her favourite and she was less fond of Karl, who appeared dead in her dream. We can suggest, therefore, that the motive behind her dream was the wish that Karl rather than his brother, of whom she was much fonder, were dead. This interpretation, different from Freud's, is also consistent with our knowledge of the dreamer. How are we to decide between these two different interpretations? One way is to accept the interpretation offered by the dreamer herself. After reporting her dream the girl said "Now tell me, what can that mean?... does the dream mean that I would rather Karl were dead than Otto whom I was so much fonder of?"⁸² But she didn't feel it was the right way of interpreting her dream and was happy to accept the interpretation offered by Freud. Although this acceptance was important for Freud, he had some further reasons not to choose the second line of interpretation. What preoccupied the girl at the time of her dream was the professor and her desire to see him on every possible occasion. She reported her dream in the morning and on the same day in the evening she was going to see him. So although both interpretations were consistent with our knowledge of the dreamer, that given by Freud was more relevant to her behaviour and experience at the time. If her dream had occurred soon after Otto's death,

when she was still in deep mourning, the second line of interpretation would have been more plausible. The fact that the girl experienced neither grief nor pain in her dream also suggests, according to Freud, that it was a pleasant wish connected with seeing the professor rather than with her dead nephew, which found expression in her dream, and thus there was no occasion for grief. The way in which the meaning of this dream was understood reminds us of Dora's understanding of her symptom. Like the girl from this example, who couldn't see the meaning of her dream at first, Dora couldn't understand her abdominal pains. But when Dora reported to Freud that her pains started exactly nine months after the erotic scene by the lake, she at once understood the significance of this period of time, and without much help from Freud could grasp the meaning of her symptom. The girl too, when she suddenly said with conviction "Of course, the professor came to see us again after a long absence, and I saw him once more beside little Otto's coffin", was probably close to grasping the meaning of her dream by herself, if not actually knowing it already, before Freud's interpretation of her dream was given to her.⁸³

Other cases of interpretations of dreams provided by Freud are less convincing, and the justifications given for them aren't satisfactory, as in the dream about going to the theatre, for example. What struck Freud about that particular case was a large number of references to things being done in a hurry, too early, etc., in the dreamer's associations to her dream, although no such things occurred in its manifest content. There was also one element of the dream which reminded the dreamer of the fact that her friend, only three months junior, had just become engaged, though she herself had been married for nearly ten years. By connecting these two things together Freud came to the conclusion that the woman's dream was an expression of her regret at having married so early. Unlike the previous cases, however, the dreamer never expressed any such motive in her waking life, neither are we given any examples of her

behaviour which would suggest that some such motive was actually present. We cannot say, therefore, that in this case Freud succeeded in connecting the dreamer's alleged motive with the rest of her behaviour, which makes his interpretation rather doubtful. However, Freud tries to appeal to her acceptance of his interpretation and suggests that this was a sign that his guess was correct. But although the woman accepted his interpretation she was at the same time surprised by it. And because of this element of surprise her acceptance should be taken with caution, and anyway it is not enough to show that the interpretation provided was in fact correct. It is possible to argue that her surprise could be a sign of not being really convinced by what she was told, although she didn't want to disagree with Freud. Or she might have been sincerely impressed by the ingenuity of his argument without being sure that what was ascribed to her was really the case, or perhaps she accepted it for some other such reasons. We haven't, therefore, good grounds for accepting Freud's interpretation of this dream. But we can imagine a situation which would make his claim about the lady's motive look more plausible. Suppose on some occasion she was criticizing young girls for being too keen to accept a first proposal of marriage without learning more about men and life, just because of the fear that the chance might not turn up again. She herself was such a girl, without realizing that what she said applied to her own case. But as it stands, Freud's interpretation of this dream is not sufficiently proven.

(C) Interpretations of Errors

Various "parapraxes" (Freud's term for errors) such as slips of the tongue, mislaying things, failures of memory etc. are another kind of phenomenon to which Freud and his followers paid a lot of attention. Freud was convinced that parapraxes, together with dreams and symptoms,

can teach us interesting things about mental processes, and about unconscious processes in particular. He also regarded parapraxes as the best preliminary material for presenting his views to those whose interest in psychoanalysis wasn't professional. Parapraxes are phenomena with which all of us are familiar, for we make them and observe other people making them. Neurotic symptoms are usually not so familiar to us in this way. Dreams, like parapraxes, are common phenomena but, on the surface at least, they seem to be more difficult to understand. Parapraxes, therefore, are a good way of learning about Freud's ideas and particularly his views concerning unconscious mental processes.

Let us start with some examples given by Freud himself. It is important to appeal to his own examples, because he usually selects them to make it easier for the reader to follow his argument. In Introductory Lectures on Psychoanalysis he gives the following examples of slips of the tongue. The President of the Lower House of the Austrian Parliament once opened the sitting with the words: "Gentlemen, I take notice that a full quorum of members is present and herewith declare the sitting closed".⁸⁴ A lady commenting on her holiday said: "It is certainly not at all pleasant if one has been tramping all day in the sun and has perspired right through one's blouse and chemise". In this sentence she had to overcome a slight hesitation at one point. Then she continued: "But then when one gets "nach Hose" [drawers] (instead of "nach Hause [home]) and can change...".⁸⁵

A different example of parapraxes is the forgetting of an intention, as in the following case. A person for reasons unknown to him, left a letter lying on his desk for several days. At last he decided to send it off, but he had it returned to him by the Dead Letter Office since he had forgotten to address it. After he had addressed it he took it to the post, but this time it had no stamp. And then at last he was obliged to admit his reluctance to sending the letter off at all.⁸⁶

What Freud calls a "faulty act" is a further kind of parapraxes. The following faulty act was performed by Freud's colleague, with whom he was conducting a series of complicated experiments. One day this colleague complained to Freud about losing so much time on the experiment, while he had so much else to do at home. Referring to an incident the week before he added: "Let us hope that the machine will go wrong again so that we can stop work and go home early". On the same day the following thing happened. In arranging the work he was given the regulation of the valve of the press. His task was to stop the valve when the right pressure was reached, which was indicated by a loud call "stop" from the person conducting the experiment. But when the call "stop" came instead of stopping the valve he seized it and turned with all his might to the left. This caused the full pressure of the accumulator to come suddenly on the press, a strain for which the connecting-pipes were not designed, so that one of them immediately burst. As a result the experiment had to be suspended for the day.⁸⁷

Psychologists of non-psychoanalytic persuasion, if they deal with these phenomena at all, usually try to explain them in terms of lack of attention, excitement, nervousness, fatigue, etc. In other words they perceive them as being caused by some physiological states of the person. Such a view is in sharp contrast with the psychoanalytic understanding of these phenomena, at least in some cases. What is exactly the psychoanalytic view of parapraxes? Firstly, Freud doesn't deny that certain parapraxes could be explained in terms of lack of attention, fatigue, etc. He wrote

"When we are excited, we often make mistakes over words - and over things as well, and a 'bungled action' follows. Intentions are forgotten and a quantity of other undesigned actions become noticable if we are absent-minded - that is, properly speaking, if we are concentrated on something else. A familiar example of this absent-mindedness is the Professor ... who

leaves his umbrella behind and takes the wrong hat because he is thinking about the problems he is going to deal with in his next book".⁸⁸

But not all parapraxes can be explained in these terms, according to Freud, and it is those which cannot which attract the psychoanalyst's attention. We should be able to understand why later on. Disturbance of attention, fatigue, etc., might play some role, but these factors cannot be necessary conditions for parapraxes, in Freud's view. As he said,

"The influence on the production of slips of the tongue by physiological dispositions brought about by slight illness, disturbance of the circulation or states of exhaustion, must be recognized at once; daily and personal experience will convince you of it. But how little they explain. Above all, they are not necessary preconditions of parapraxes (my italics) ... These somatic factors only serve therefore, to facilitate and favour the peculiar mental mechanism of slips of the tongue."⁸⁹

What then are necessary conditions for parapraxes? Freud gives the following answer: "All we have done is, in certain cases, to add a motive to the factors that have been recognized all along as being able to bring about the forgetting of a name".⁹⁰ Sometimes instead of talking about the motives behind parapraxes, Freud talks about their sense or meaning. He wrote "We may take it as the outcome of our efforts so far and the basis of our further investigations that parapraxes have a sense (my italics)."⁹¹ By saying that a slip of tongue, for instance, has meaning he doesn't suggest merely that the product of it, i.e. the sentence produced by the speaker, has meaning. He explains that by the "sense" of parapraxes he understands "nothing other by it than the intention it serves and its position in a psychical continuity. In most of our researches we can replace 'sense' by 'intention' or 'purpose'.⁹² That suggests that for Freud to say that a parapraxis has a sense is a way of saying that there is a motive behind it. His use of these terms resembles our ordinary

use of them. We sometimes ask what is the meaning of some action, a symbolic action in particular, and then reply by quoting people's motives for its performance.

All this suggests that Freud views parapraxes as we view intentional actions. For him they are not accidental phenomena but outcomes of our desires, intentions, etc. Such a view inevitably invites several questions. Firstly, did Freud really regard parapraxes, like the slip of the tongue for example, as intentional actions of a person, and if so how can he justify this view? Secondly, if there is a motive behind a parapraxis how can we establish what it is? In other words, what are the grounds for ascribing to people motives for their parapraxes?

Let us concentrate on the former question first. Freud's interpreters disagree entirely about what is the right answer to this question. Some, like F. Siegler, believe that he regarded them as intentional or intended acts of a person. In his paper "Unconscious Intentions" Siegler says:

"Freud considered himself to be engaged in a scientific enterprise in which he attempted to adduce evidence in support of a conclusion that errors such as slips of the tongue are intentional (my italics), although the intention is unconscious".⁹³

Others, like R.K. Shope, are convinced that

"Even though Freud does believe that phenomena such as slips of the tongue sometimes result from intentions, he does not say that such errors are intentional. In fact, he affirms the opposite, saying that these are 'unintentional' or 'purposeless' actions and that the art of interpretation frees 'the pure metal of the repressed thoughts from the ore of the unintentional ideas'".⁹⁴

What Freud said about parapraxes on some occasions seems to lend itself very well to Siegler's interpretation, i.e. that they are intentional acts. He said, for instance, that "you will see from these

examples that even obscurer cases of slips of the tongue can be explained by a convergence, a mental 'interference', between two different intended speeches" (my italics).⁹⁵ Describing faulty acts, like that of the person who hoped that the machine would go wrong and who contributed to its disarrangement, Freud also said "The actions described so far, in which we recognized the carrying out of an unconscious intention, made their appearance in the form of disturbances of other intended actions and concealed themselves behind the pretext of clumsiness" (my italics).⁹⁶

But other remarks about parapraxes invite the opposite interpretation, i.e. that they are not intentional acts. In The Psychopathology of Everyday Life he wrote "In discussing the examples of slips of the tongue we found it necessary to go beyond the content of what was intended to be said (my italics), and were obliged to look for the cause of the speech-disturbance in something outside the intention".⁹⁷ Each interpretation seems to fit some of Freud's remarks, but we cannot accept both of them because they contradict each other. It is important to notice, however, that when Freud makes some general remarks in passing, like those quoted above, his language can be quite loose and full of metaphors, and if so these remarks cannot be taken as the basis for interpreting his views. We have to look rather at the passages where he discusses some specific problems, because he is usually more precise then, as in the following passage concerning the mechanisms of the slips of the tongue, where he writes

"Let us consider for a moment what it is that unites the three groups, what it is that the three mechanisms of slips of the tongue have in common. It is fortunately unmistakable. In the first two groups the disturbing purpose is recognized by the speaker; furthermore, in the first group that purpose announces itself immediately before the slip. But in both cases it is forced back. The speaker decides not to put it into words, and after that the slip of the tongue occurs: after that, that is to say, the purpose which

has been forced back is put into words against the speaker's will, either by altering the expression of the intention which he has permitted, or by mingling with it, or by actually taking its place. This, then, is the mechanism of a slip of the tongue".⁹⁸

Here, Freud is saying explicitly that the slip of the tongue expresses something against the speaker's will, something he decided not to put into words. And if so, it cannot be an intentional act. The same conclusion is implied by a passage where Freud makes a contrast between the slips of the tongue and intentional distortions of words. We read

"Many people as we know, derive some pleasure from a habit like this of deliberately distorting innocent words into obscene ones; such distortions are regarded as funny, and when we hear one we must in fact first inquire from the speaker whether he uttered it intentionally as a joke or whether it happened as a slip of the tongue".⁹⁹

If Freud regarded slips of the tongue as intentional acts he wouldn't make such a contrast. Also, careful examination of Freud's actual interpretation of particular slips of the tongue suggests that he didn't regard them as intentional acts. Take, for instance, the President's slip of the tongue. "I declare the sitting opened, but I should prefer it to be already closed" is the sense of the slip, according to Freud.¹⁰⁰

So the President intended to open the sitting, although he wished it to be already closed. And it was this wish which interfered with his intention and produced the slip. Freud's comments on the lady, who instead of saying "nach Hause" said "nach Hose", also make it clear that what she happened to say wasn't intended, although it expressed her original intention which she decided not to carry out. As he said

"The lady's intention had obviously been to give a more complete list of her clothes: blouse, chemise and Hose [drawers]. Reasons of propriety led her to omit any mention of the 'Hose'. But in the next sentence, with its quite independent content, the unspoken work emerged as a distortion of the similar-sounding 'nach Hause' [home]".¹⁰¹

Freud is saying, therefore, that the lady suppressed her original intention to mention drawers but this original intention interfered with her later intention and produced the slip of the tongue. All this implies that, contrary to some interpretations of him, Freud didn't regard slips of the tongue and other parapraxes as intentional acts, although he was convinced that the person's intention, wish, etc., which he decided not to carry out can interfere with his intended action and produce the parapraxis.

Whether ^{some} behaviour is an intentional action or not is quite often clear from the context in which it occurs. When the President said "I declare the sitting closed" we knew from the context that he didn't really intend to close it, for the simple reason that it had not yet been opened, and neither President nor anybody else could intend to do something impossible, although he could wish it could happen. It is also quite clear that what the lady said, namely, "But then when one gets 'nach Hose' [drawers] and can change...", wasn't intended by her either, because this sentence isn't even coherent. If their behaviour were intentional actions, they would be using very inept and inappropriate means to the supposed ends. Since the notion of an intentional action

presupposes some coherence between means and ends we would be in trouble if we decided to regard these two slips of the tongue as intentional actions. In other cases it might be more difficult to tell whether some piece of behaviour is an intentional action or a mere error, as in the case of the terminated experiment, for example. What the experimenter happened to do could also be done if he wanted to end the experiment intentionally. True, it wouldn't be the best means available to him, but still appropriate to achieve his end, unlike the two previous cases. However, to prove that the distinction we are looking for can be made, it is enough to show that it can be made systematically on some occasions, even if we are unable to make it clearly in all cases.

Let us concentrate now on the second question, namely, how can we establish what is the sense of a particular parapraxis, i.e., what is the nature of the motives which contributed to its formation? Sometimes Freud seems to suggest that there are cases where the parapraxis itself can tell us its own sense, as in the President's slip of the tongue. He wrote "The sense ... of his slip was that he wanted to close the sitting. 'He says so himself' we are tempted to quote: we need only take him at his word".¹⁰² It is true that in his slip the President happened to utter a sentence very close to one that could be used explicitly to state his wish if he had one. But are we already justified in ascribing it to him? No, for we also know that the President intended to open the session. And if so, it is reasonable to ascribe to him the desire opposite to that suggested by his slip. Confronted with such a conflict, we cannot decide arbitrarily that what the slip tells us has more weight and not the other way round. To decide the case we need, therefore, some further information. Freud in fact provides us with such information. He wrote

"When the President of the Lower House with his first words closed the sitting instead of opening it, we feel inclined, in view of our knowledge of the circumstance in which the slip of the tongue occurred, to recognize that the parapraxis

had a sense. The President expected nothing good of the sitting and would have been glad if he could have brought it an immediate end."¹⁰³

It is clear, therefore, that when Freud ascribed to the President the wish that the session were closed he had independent reasons, apart from the slip, to suppose that he had such a wish.

In the other examples quoted above we also have some independent reasons, apart from the parapraxis, to ascribe the relevant motive to the person. Take, for instance, the faulty act of the person who contributed to the disarrangement of the machine during the experiment. Even before the error took place, he himself admitted what his desire was. We remember him saying "Let us hope that the machine will go wrong again so that we can stop work and go home". The person who failed to send the letter, despite several attempts to do so, eventually admitted his reluctance to send it off at all. Avowal of his wish or desire, independently of the parapraxis, gives us another justification for ascribing it. In fact, all the examples of parapraxes given so far are regarded by Freud as the product of an intention or wish the person was aware of and, therefore, his avowal was (in principle) available to us. Freud didn't appeal to actual avowal in some cases, because he was convinced that the circumstances in which they occurred and the kind of parapraxis made could speak for themselves, as in the President's or lady's slips of the tongue.

So far, our attention has been concentrated on the cases of parapraxes where the person was aware of his intention or wish, although he decided not to carry it out, i.e., he suppressed it. In order to establish the sense of parapraxes in these cases Freud appeals to three factors: the kind of parapraxis made, the circumstances in which it occurred and the person's avowal of his intention or desire. When the circumstances were pointing to the person's desire or intention, and the kind of parapraxis made was connected in a significant way with the circumstances, Freud had

usually no problem in establishing its sense. If there was some doubt, he could in principle appeal to the person's avowal of his wish or intention. We can agree with Freud that in these cases parapraxes have sense because we can establish what it is.

But it is not, however, the whole story Freud wants to tell us about parapraxes. He also wants to persuade us that they can have sense even if the agent denies any such sense. In other words he wants to show that not only conscious intentions, wishes, etc., but also unconscious ones can be responsible. We can see now that his discussion of parapraxes produced by conscious mental states wasn't accidental, but an important stage in his argument. This argument is meant to show that if parapraxes can have sense in some cases they might also have it in others, even if we were not previously prepared to look at them in this way. But there is an important difference between these latter cases and the previous ones. We are told by Freud that in the latter, when an interpretation of the disturbing wish, for instance, is given to the person it is usually "vigorously rejected by the speaker, he not only denies that it was active in him before he made the slip, but seeks to maintain that it was entirely foreign to him".¹⁰⁴ But surely, this must make a big difference to the interpretation of his behaviour, because the criterion of personal avowal, a very important one, is not available any more. Deprived of this criterion, can we still establish the sense of the particular parapraxis? Let us then examine in detail how Freud might cope with these latter cases.

In The Psychopathology of Everyday Life we are given the following example of a parapraxis which is supposed to be produced by an unconscious motive. It was reported by Stekel, who himself happened to make a slip of tongue which he describes as follows.

"It was with a woman patient to whom I was giving medical attention in a period of convalescence after a serious illness. We had been through hard days and nights together. I was happy to find her improved; I painted a picture for her benefit of the delights of a stay in Ablazia, and concluded by saying "If as I hope, you will not leave your bed soon..."¹⁰⁵

This intention was of course to say "If as I hope, you will leave your bed soon". Stekel himself was convinced that his slip of the tongue was produced by the following unconscious motive.

"This obviously owed its origin to an egoistic motive in the unconscious, namely that I should be able to continue treating this well-to-do patient some time longer - a wish that is entirely foreign to my consciousness and which I would indignantly repudiate".¹⁰⁶

We cannot, however, take for granted Stekel's own avowal of his unconscious wish, because he was already converted to Freudian doctrine about unconscious mental processes, whereas, we are still examining its plausibility. Let us, therefore, replace Stekel in this example, which has the virtue of being clearer and simpler than many other examples given by Freud, by a neutral person and see what we can do with it.

The first question we want to ask about this case is why, despite the person's denial of having the wish that his patient wouldn't recover so soon, the psychoanalyst wants to ascribe such a wish to him? One reason is that the doctor's slip points towards the presence of such a wish and secondly, the psychoanalyst can also understand why he might deny its presence even if he had it. Why does he think that the doctor has a motive for denial of his wish and wouldn't admit it either to himself or anybody else? Freud's discussion of symptoms has taught us that neurotic subjects fail to recognise the motives behind their symptoms because if they did they would often be ashamed, frightened or distressed by them. The same might be true about the doctor's case too. If the doctor cares about his

image as a respectable person, and probably he does (like anybody else), admitting such a wish either to himself or others, would damage his image, for the wish that his patient wouldn't recover so soon is unworthy of a respectable doctor. To accept what he says at its face value and proceed no further wouldn't be a wise thing to do in such a situation (for the psychoanalyst any more than it is in general). Freud suggests that the psychoanalyst should behave like a judge, i.e.

"When someone charged with an offence confesses his deed to the judge, the judge believes his confession, but if he denies it, the judge doesn't believe him. If it were otherwise, there would be no administration of justice, and in spite of occasional errors we must allow that the system works."¹⁰⁷

Suppose we agree with the psychoanalyst so far that the doctor's denial shouldn't be taken at its face value, but we are not yet persuaded that he had such a wish, so to convince us the psychoanalyst has to prove much more. Can he do it in the same way as the judge does; i.e., by appealing to some relevant facts about the circumstances? In the cases of parapraxes produced by conscious motives Freud indeed used such circumstantial facts and he was quite successful then in establishing their sense. Can he be equally successful now? In the example considered here neither Freud nor Stekel give us a full knowledge of the circumstances in which the slip occurred. We are only told that the patient was a well-to-do person and that the doctor was doing pretty well out of her treatment. This is useful information, but it doesn't take us very far. We are, however, quite free to imagine some further details of the circumstances surrounding the doctor's slip. Suppose we learn the following new fact about his situation. He is in serious financial trouble because there is an urgent debt for him to pay and without his wealthy patient's money it would be difficult for him to do so. Given this situation it is understandable

for the doctor to have the wish that his patient wouldn't recover so soon, as it would be understandable for any person in his position.

However, although it is more plausible now, than it was originally, to ascribe to him the motive Freud attributes to him, to agree with the psychoanalyst already is to jump to the conclusion too fast. Because from the fact that it was reasonable for the doctor to have such a wish given his situation, it doesn't follow yet that he in fact had it. Suppose we can also agree that it is reasonable or understandable for people who were insulted, for example, to seek revenge. But even if the majority of them would do, there still might be a person who wouldn't react in this way. That implies that although certain situations arouse in people certain motives, some of them might not act on these motives. I might have a motive to deceive my friend, but that doesn't mean that I will intend or desire to deceive him. We can also imagine a person who doesn't even acquire a motive even if it is understandable for him to have it, given his condition. For example, a wife who has been insulted by her husband might understand that he was acting out of anger and neither seek, nor have a motive for revenge. By analogy, we can suggest that the doctor from our example might not have had the wish that his patient shouldn't recover, even if it was understandable for him to have it. He might have been one of those doctors for whom the patient's interests always come first.

But let us not give up yet; let us look for further information concerning the doctor's case, as a psychoanalyst would do. Suppose, on some other occasion, we hear the doctor giving the following advice to his colleague who is faced with a moral dilemma. His colleague has a patient whom he was treating for a long time. He has done everything he could for him and there seems to be nothing more he can do. His patient, however, doesn't want him to end the treatment. But the doctor has some moral reservations about whether he is justified in making the patient spend so much money on treatment unlikely to improve his condition further.

Suppose our doctor advises him to continue the treatment, because even if it doesn't help the patient, it wouldn't do him any harm; the worry about putting his patient to the large expense is misplaced, since he is a well-to-do person and such expense wouldn't make much difference to his financial position. On the basis of what the doctor in this case said to his colleague we can ascribe to him the belief that as long as the treatment doesn't do any harm to the patient and he is a well-to-do person there is nothing wrong in putting him to a large expense. But there is a clear analogy between his colleague's case and the case he himself is involved in. But then the belief ascribed to him on one occasion can also be ascribed on another, even if he didn't express it then. Given his situation we can reasonably ascribe to him the wish that his patient wouldn't recover too soon, because otherwise the profitable treatment would cease.

Suppose the psychoanalyst, or any other observer, puts all these facts in front of the doctor and invites him to consider them for himself. Some of Freud's patients when confronted with similar facts about themselves, such as their behaviour and what they themselves said, couldn't dispute any longer the conclusion which was suggested by these facts. Dora, for example, when she has fully realized what she had herself told Freud, i.e. that her symptom started exactly nine months after the scene by the lake, agreed that her abdominal pains had a motive, although she denied it originally. In everyday life we too sometimes succeed in persuading people that they were wrong about their motives or that they failed to recognise them, as in the following example. Suppose a mother is convinced that her son is a very intelligent child and that his teachers are biased against him and underestimate his abilities, as mothers often tend to be unobjective about their offspring. An impartial observer can see, however, that her beliefs are shaped by her wish that her son were a very intelligent boy, whereas in fact he has quite average abilities. We can point out to her that there isn't any reason why the teachers should be biased against her

son. We can also draw her attention to the fact that her son's marks are as good as his friend's, whom she regards as equally capable and in whose case she doesn't believe the teachers to be biased. When the mother realizes the full implications of her beliefs she might agree at the end that she indeed overestimated her offspring's ability, for which her wish to see her son as a more intelligent boy than he is in fact was responsible, and she might stop accusing teachers of being biased against him. A similar thing might also happen in the doctor's case. After reflecting on what he said to his colleague and how he felt about his situation he might admit at the end that the psychoanalyst is right, he indeed has a wish that his patient wouldn't recover so soon.

Although pointing out the implications of the person's behaviour, i.e., what he said and did in certain circumstances, might be quite helpful in changing his beliefs about himself, it is not always effective, and we can understand why. When the person failed to recognise his motive in the first place it is not just because he happened not to reflect on his behaviour and feelings, he was rather frightened to learn something about himself which could be shameful, disturbing, etc. And precisely because of this fear he might still be unable to look objectively at what his behaviour points to, when an independent observer invites him to reflect on it, a difficulty Freud was very well aware of. To cope with it he introduced into his therapeutic method (of which we are going to hear more soon) a procedure often referred to as 'moral reassurance', which together with the interpretation of the patient's behaviour, enables the subject to reflect on his behaviour and experience with less fear and anxiety. We hear that many of Freud's patients suffered from a feeling of guilt, not because they had committed some awful deeds or crimes but because they recognised in themselves some feelings, wishes, etc., which they regarded as unworthy and therefore were ashamed of them. In order to help

them the psychoanalyst had quite often to reassure them that a feeling or a wish isn't wrong in itself, and if people were judged not by their deeds but by their feelings or thoughts all of us would be moral wrecks or criminals. Such reassurance might help the person to accept himself as he is and not to look at his feelings or thoughts with disgust any more. Suppose our imaginary doctor, apart from being asked to reflect on his behaviour and experience, is also given some such reassurance. The psychoanalyst tells him that even if he had a wish that his patient wouldn't recover so soon, as long as he didn't act on it he is not an egoist and wouldn't be regarded as such. Since as a matter of fact he was doing his best to help his patient, and thus was keeping up to the moral requirements of his profession, which is what he really counts, he shouldn't be ashamed of himself even if some such wish entered the back of his mind. After such reassurance we can imagine our doctor admitting at the end his wish, both to himself and the psychoanalyst. If the doctor's wish could be established independently of his slip of the tongue, in some such way as described here, the psychoanalyst would have had good grounds for explaining the person's error in terms of it as well, even if in the actual case reported by Freud the conclusion about the person's wish wasn't fully justified.

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Ch.3 VARIOUS METHODS OF VALIDATION OF INTERPRETATIONS IN TERMS OF
UNCONSCIOUS MENTAL PROCESSES

We have examined in the previous chapter the kind of explanations which Freud provides for phenomena such as symptoms, dreams and errors. The question whether such explanations can be justified by what we can observe about people's behaviour had inevitably to be raised. Some explanations given by Freud were rejected on the ground of not being sufficiently proven, e.g. the dreamer's alleged regret for having married so early, where Freud failed to justify his claim by connecting the motive for her dream with her other motives and beliefs. Other explanations were accepted as plausible, because the person's alleged motive could be established independently of the particular piece of behaviour under scrutiny as in the case of the table-cloth ritual performed by the wife of the impotent husband. Are we in a position to say that these latter cases provide a good enough test for the psychoanalytic hypotheses of unconscious mental processes? It depends of course what kind of test we are looking for.

In everyday life we can validate a lot of our claims about motives and reasons behind other people's behaviour. Suppose I ascribe to my friend a wish to visit India. To support my claim I can appeal to such factors as her reading books about India, inquiring about the flights to this country, her own avowal of her wish, etc. I can also point to the fact that some of her ancestors came from the Indian continent and she is interested in tracing their exact origin, an interest she has expressed on several occasions. Thus it is possible for me, as for any other observer, to substantiate the claim about my friend's wish to visit India. Suppose I also make a similar claim about another friend of mine on the ground that she too reads a lot of books about India. Although this second friend has never told me that she would like to visit India, I assume that she wouldn't be reading the books with such

passion if she didn't plan to visit that country. But a common acquaintance might disagree with me on this matter. He could point out that she never went abroad before, and that he heard her saying that she wouldn't take the risk of catching some tropical disease. In order to settle our disagreement we put the question to our friend herself, to which she replies that she has no wish to visit India, the country she is genuinely interested in, but is afraid to visit because of the discomfort and dangers of such a trip. In the light of all that, I have no choice but to withdraw my original claim about my second friend's wish. So in everyday situations we are usually in a position to validate or disconfirm our claims about other people's motives or reasons for doing something. We can do so according to J. Hopkins, by

"taking each interpretive explanation as liable to confirmation or disconfirmation through coherence or dissonance with other explanations of the same kind. Each such explanation involves the attribution of desires and beliefs. Each of these, moreover, is associated with many others, which cohere with it and help to fill out its content. Where desires and beliefs in one explanation cohere and overlap with those of others, the explanations are mutually confirming. (Where they contradict or fail to cohere they are mutually disconfirming). Since explanations by reasons are thus confirmed (or disconfirmed) by relation to others, giving the best account of an agent's actions requires fitting the pattern of his actions to the pattern of his motives as a whole, so as to achieve the greatest coherence".¹


Some of Freud's interpreters argue, either explicitly or implicitly, that this model of the explanation of actions by reasons can also be applied to phenomena such as symptoms, dreams and errors. In their view, and sometimes in Freud's, these phenomena are intentional, even though they are products of unconscious intentions, while typical actions are products of relevant conscious intentions. It took Freud, they argue, to show that what we thought for a long time to be something that merely happened to us is ~~after~~ all intentional behaviour, and thus thanks to Freud we have had to modify our view of ourselves. But even if he did change our way of looking at ourselves, this change cannot consist in showing that phenomena such as symptoms are intentional. I don't think Freud was able to show that, even though he was able to show quite convincingly that they can have reasons or motives. To say that symptoms can have reasons and yet to deny that they are intentional is to commit an inconsistency in the view of the philosophers who take the opposite position, because reasons on their model cannot be other than reasons for intentional actions. What they fail to realize, however, is that there could be different kinds of reasons involved in human behaviour, and that reasons for symptoms are unlike reasons for intentional actions. For although symptoms can be related to the subject's beliefs and/or attitudes, the relevant beliefs are not about means to some ends, and the relevant attitudes are not desires he tries to satisfy, but rather his feelings about what he thinks to be the case or his wishes that things were different from what he thinks they are. Thus the attitudes and beliefs involved as reasons for symptoms are quite different from those involved in intentional actions.

The case for not taking the phenomena Freud is referring to as intentional actions should be clear from what we have said already, but it would be useful to summarize it again briefly. Firstly, when Freud succeeds

in making his patients aware of the attitudes such as wishes behind their symptoms, they might agree with him that they had them, but this wouldn't be an admission that they did such and such in order to satisfy them. Thus we can imagine the table-cloth lady acknowledging some such wish behind her ritual as Freud suggested to her, but this wouldn't be an admission that she did it in order to satisfy her wish, because she couldn't possibly realize it by doing what she did, and she was rational enough to see that. Similarly, the person who happened to make the slip of the tongue in which he said to his patient "If as I hope, you will not leave your bed soon" could also acknowledge at the end that he had a wish to continue the treatment of his well-to-do patient, revealed by this slip, but not that he said what he happened to say in order to satisfy his wish, because it couldn't be realized in this way and he didn't believe it could.

But apart from what the subjects themselves say about their symptoms, etc. in the end, there is a further reason for not regarding them as intentional actions performed with some end in mind. If we came to regard them as means to some ends we would have to ascribe to people absurd and unintelligible beliefs. Thus if the table-cloth ritual were taken as an intentional action performed with the end of satisfying the lady's wish that her wedding night was different from what it was and that her servant believed that it was different, a belief that she could satisfy it by running from one room to another, taking a certain position in relation to the table, etc., had to be ascribed to her. But I don't think we are justified in ascribing to her such an absurd belief, either conscious or unconscious. Although it is possible to say that her ritual expressed her wish as fulfilled, as Freud says, we cannot say, however, that she performed her ritual in-order to realize her wish.

If these phenomena are not intentional actions, the model of explanation used for the latter cannot be used in their case. But the model for explaining intentional actions and the different model for explaining bodily movements are not the only alternatives available to us. If they were, then a whole range of human behaviour and status, such as emotions, crying, laughing, vomiting in disgust, clutching one's head in sorrow, shaking of the hands, etc., which cannot be accounted for very well by either of these models, would be left unexplained. But in everyday life we are quite successful in explaining them. We usually do so by appealing to the person's beliefs about relevant states of affairs and his attitudes towards them. And this is also how Freud explains phenomena such as symptoms, dreams and errors. This interpretative scheme is somewhat different from that used for explaining intentional actions, but because it is similar to it in appealing to beliefs and/or attitudes of some kind, the constraints imposed by the requirement of coherence with other beliefs and attitudes apply here too.



When discussing his interpretations, we asked whether Freud's ascriptions of particular mental states to people could be established independently of the given dream or error under scrutiny, we were looking for precisely such a coherence. In cases where the dreamer's alleged motive for his dream was connected with his waking motives and beliefs, or the patient's motive for his symptom was connected with the rest of his behaviour, etc., Freud's interpretations were regarded as confirmed in this sense. Such an approach could be as successful as that achieved by commonsense psychology. Thus if psychoanalytic hypotheses of unconscious mental processes are judged by the standards of validation of commonsense psychology they could be regarded as successfully tested in some cases at least.

This is not the way in which scientists, especially adherents of physical theories, try to test their theories. The structure of a physical theory is quite different from the interpretative scheme characteristic of commonsense psychology. It usually consists of a network of universal propositions, i.e. laws of nature, which given various initial conditions enable the scientist to deduce precise empirical consequences from his theory. As far as the scientific observation of the relevant phenomena is concerned, the way it is conducted could be also quite different from ordinary observation of phenomena. Sometimes scientists, especially astronomers, have no choice but to wait for the right phenomenon to occur naturally in order to make their crucial observations. But often scientists are able to introduce controlled conditions for observing the phenomena they are interested in. Thanks to these deliberately prearranged conditions, and the general laws of

his theory, the scientist is in a position to predict exactly what is going to happen. Experiments are not of course necessary conditions for testing scientific theories, but because they enable us to conduct observation in a systematic and repeatable way, they are highly desirable, and scientists try to arrange them whenever possible.

Is this kind of test available for the psychoanalytic hypotheses of unconscious mental processes? Can explanations involving unconscious motives be somehow assimilated to explanations using laws such as those found in physical science? Let us see first whether such assimilation is possible in the case of conscious intentions and motives. Suppose a man wants to inform his friend that he has just become engaged, and does so by writing a letter to him conveying this very information. Are we in a position to connect his desire and beliefs with his action in a law-like manner by specifying the conditions in which his desire finds appropriate behavioural manifestation? It doesn't seem possible, for the following reason. This combination of desire and beliefs hasn't any fixed behavioural manifestations. Given the same desire and beliefs he could still perform a different action. He could, for example, inform his friend about his engagement by ringing him, by announcing his engagement in a local newspaper of which he knows his friend is a regular reader, by asking his brother to convey this news to his friend, or in some other way. The same is true about unconscious wishes. Like a conscious desire, an unconscious wish doesn't manifest itself in a fixed behaviour. It can express itself in a somatic symptom, a behavioural symptom, a dream, or a slip of the tongue. So mental dispositions, unlike physical ones, haven't any fixed behavioural manifestations. Because of this, explanations involving motives, conscious or unconscious, cannot be assimilated to the explanation involving laws which are characteristic of physical science. But the fact that psychoanalytic hypotheses about unconscious mental processes might not be testable by the methods of

advanced scientific inquiry doesn't mean, however, that they can't be supported or undermined by observation in some other way, such as the one described earlier. For this reason we shouldn't dismiss them as empirical hypotheses.

But we should also ask whether the method of observation and validation of unconsciously motivated behaviour can be improved in some ways. Are there, for example, some experimental methods available for studying such behaviour, similar to those used in other areas of psychology? Freud himself never used experimental methods, but he was convinced that it is indispensable to create special conditions for observing the phenomena he was interested in, and he used special procedures for investigating them. He regarded psychoanalytic therapy not merely as a method of treatment, but also a method of research. Once he described psychoanalysis as follows:

"Psychoanalysis is the name (1) of a procedure for the investigation of mental processes which are almost inaccessible in any other way, (2) of a method (based upon that investigation) for the treatment of neurotic disorders, and (3) of a collection of psychological information obtained along these lines, which is gradually being accumulated into a new scientific discipline".²

He was also convinced that the results achieved by the employment of psychoanalytic procedures, such as cure or improvement of the patient's conditions, are relevant to the validation of claims about the personality of that patient and his behaviour. This might not be analogous to the ways of testing of advanced scientific theories, but it is certainly some departure from commonsense ways of validating interpretations, and looks like an attempt to improve upon the latter. Since some of Freud's interpretations, discussed earlier, were also arrived at in this way it is important to ask how good is the psychoanalytic therapy as

a method of observation, and of validation of the hypotheses of the unconscious mental processes.

(A) Psychoanalytic Therapy as a Method of Observation and Validation of Interpretation in Terms of Unconscious Mental Processes.

Why is psychoanalytic therapy so indispensable for observing and investigating unconscious processes? For the following reasons, we are told:

"The psychoanalyst learns many facts about his patient which other people, as a rule, will not get to know. Among them are facts of conscious life which people are not eager to relate to others, not even to psychological interviewers, or about which they do not have to tell the truth, or the whole truth, or of which they do not normally think, but which will occur to them and which they will relate in the psychoanalytic interview, because of its peculiar climate mixed of relaxation and discipline, of intimacy and personal aloofness. To this, one must add the things which are not conscious or preconscious but can send derivatives into consciousness under the conditions of the psychoanalytic situation. The psychoanalyst learns not only about all such data but also about the configurations in which they appear. All these form what may be called the level of observation".³

In other words the analytic situation enables the analyst to elicit from his analysand a certain kind of behaviour which is relevant to the investigation of the unconscious mental processes but which might not be accessible in any other ways. It does so in virtue of a special climate created during the session, specific relationships established between the analyst and his patient, but more importantly in virtue of some technical procedures employed by the analyst. Let us look more closely at these procedures.

During psychotherapy the analyst uses certain techniques such as free associations, and methods such as interpretation of the analysand's behaviour. These methods and techniques were developed by Freud and his followers quite gradually from a number of different angles. The technique of free associations, a psychoanalytic tool for the investigation of the deep-seated unconscious motivations, was preceded by the use of hypnosis. But soon it became clear to Freud that the hypnotic method had serious limitations. Only some proportion of the subjects could be hypnotized deeply enough to revive buried wishes and feelings, not every person could become a skilful hypnotist, and more importantly, the hypnotic method was not good enough to produce a permanent change in the patient. Despite its shortcomings, however, it enabled Freud to realize the following important fact. A subject who was unable to recall certain things in his waking life would do so under the conditions of the hypnotic trance. Freud became convinced that if such a recollection was possible in the dissociated state of deep hypnosis it should be also possible to restore the forgotten traumas in the dissociated state of hysteria. In order to achieve this he at first adopted Bernheim's "pressure" technique by asking the patient to try hard to recall certain things. Despite some limited success, Freud gave up this technique in the end, because it was too laborious and exhausting to serve as a permanent method. As a result he adopted a more passive technique, in which the patient relaxed and said whatever came into his mind. In this way free association has become a permanent technique of the psychoanalysis. 'Free' doesn't mean that associations are undetermined but that they are free from interference of a certain kind, i.e., deliberate selection by the subject. It is worth mentioning that Freud wasn't the first person to use free associations in psychological research. Psychologists like Cattell and Wundt experimented with it before him, but he was the first to extend its use

to clinical work. Freud also devised certain rules for free associations. The patient was instructed to relate everything that came to his mind, however improbable it was, for many memories which appeared at first inconceivable often turned out to be true. He was asked to say everything, however irrelevant it seemed to him, because again what seemed at first irrelevant was proved quite relevant later on. And finally, he was instructed to report things however painful or unpleasant they were to him, because precisely these are usually things which tend to be repressed and therefore unconscious. A more technical method of free associations, the so called word association test, was developed later by Jung on the basis of Wundt's experiments. These experiments consisted in the study of the kind of reaction, and the time taken to react, as a function of the stimuli words. Jung was using a similar procedure to reveal the affective "complexes" of his patients. By a complex he understood an organized group of ideas and memories of great affective force which are either partly or totally unconscious. If a word given to the subject touches his latent complex his emotions are aroused which in turn affects his reply to that word. These "complex indicators", as they are sometimes referred to, can reveal the affective state in a variety of ways. For example, a long silence before answering, replying with an unusual word, a repetition of similar words, an inability to reply at all, etc., can serve as indications that the subject's complex has been touched. This list of words can be given twice over and the answers in each case compared. Difference in response is another way of detecting the complex. What is behind both Freud's less formal and Jung's more technical procedure of free associations, is the assumption that certain manifestations of the mental processes would come into light, of which the subject himself might be entirely ignorant. Now, although free associations express the subject's mental states they don't always do so in a straightforward manner, so their significance might not be obvious to the subject.

In other words they require interpretation by the analyst. The interpretation can also serve as the stimuli for further associations by the subject. Thus to the technique of free associations was added interpretation by the analyst.

What is the nature of the psychoanalytic interpretation? A layman is often convinced that the task of the analyst is to give the "translations" of the patient's allusions as soon as he understood to what they alluded. But as L.I. Saul pointed out "the analyst does not say to himself 'psychoanalysis is making the unconscious conscious' and, therefore, say to the patient 'you hate your father'. This would be naive, clumsy and a form of wild analysis."⁴ A mere transmitting of knowledge concerning the unconscious motives to the patient as soon as it was acquired by the analyst is not an analysis. It wouldn't be effective either in producing desirable changes in the patient or in eliciting from him further relevant responses. The psychoanalyst has to know what to interpret, how and when, i.e. the interpretation has to have a certain structure and logic in order for it to do its job. Firstly, in interpreting his patient's behaviour the analyst concentrates on certain specific themes, such as feelings of guilt, anxiety, depression, sexuality, fear of castration, etc. These themes or contents are influenced by what happens during the session and also by the psychoanalyst's theoretical convictions, for instance, that sexuality is an important factor in shaping the personality and behaviour of the human being. By analogy, a historian who is interested in a particular historical period also concentrates on some specific themes, such as the economic and political structure of the society, predominant religious beliefs, etc., which according to his assumptions, are important factors in shaping that society. Thus an interpretation in general, whether it concerns an individual or a society, doesn't operate in a void but is influenced by the interests and the theoretical assumptions of the interpreter.

In psychoanalysis the interpretation of the specific themes is also put into some framework. One framework concerns the relationships between the patient and the analyst established during the sessions. From very early times of his practice Freud realized that the patient develops a specific attitude towards his analyst. He, namely, transfers upon him intense feelings which are neither justified by the analyst's behaviour nor by the situation that has developed during the treatment. Freud called this phenomenon 'transference' and made a distinction between a positive transference, characterised by strong feelings of affection, and negative transference, characterised by the opposite feelings. Originally, transference was regarded by Freud as an obstacle to the treatment. However, as soon as its nature was fully understood it turned out to be a great advantage. In the process of transference the original conflicts, which had led to the onset of the patient's neurosis, began to be re-enacted in the relation to the analyst producing artificial neurosis referred to as 'transference neurosis'. Thanks to transference, therefore, instead of having to deal with the conflicts of the remote past, conflicts concerned with vanished circumstances and frozen personalities, the analyst can involve himself in an actual and immediate situation in which he and his patient are the principal characters, i.e. a situation which at least to some extent is under his control. Since in the transference the analyst comes to be attributed the roles of the significant figures from the patient's past its analysis can also throw some light on his past. Classically, the transference interpretation meant pointing to the patient's past. Nowadays, many analysts stress 'here-and-now' interpretation, i.e. what is actually happening during the session itself. Despite these different emphasizes the analysis of transference was and still is a vital part of the psychoanalytic interpretation. Another framework concerns the analysand's relationships with other people in his environment, i.e. what happens

outside the consulting room. The analyst is interested in the pattern of the analysand's behaviour and his attitudes towards people in general. Since these patterns are repeated by the patient in the consulting room as well, the similarity between the two is pointed out to him. And finally, in his interpretation of the patient's behaviour the analyst makes references to his childhood experiences and events which influenced them. This is known as a "genetic interpretation". It usually concentrates on such events from the past as an appearance of a new sibling, first sexual experiences, etc., their influences on the patient's personality and behaviour, and the connection of all that with his present situation. The aim of all these interpretations is to enable the subject to understand himself and his relations to others and his grasping of his relationship with the analyst is the quintessence of such understanding.

Apart from the content of the interpretation and its framework what is also of great importance is its timing. There are a number of "technical formulas" transmitted by tradition from Freud which concerns the problem of timing. One is "Work always where the patient's affect lies at the moment". If the analyst interprets what preoccupies the subject at the moment and what he feels strongly about he is more likely to get an emotional response from him. If, on the other hand, he waits with his interpretation, for some reason, until the next occasion, the patient's emotion might vanish meanwhile and his interpretation would elicit a mere intellectual reaction. An emotional response is more desirable than an intellectual one, because it is more effective in producing real changes in the patient. Another formula relevant to the problem of timing is as follows: "Interpretation of resistance goes before interpretation of content". Freud has found many times in his practice that however clearly the unconscious material manifests itself in the patient's behaviour and however much one might expect its significance to be as obvious to him as it is to the independent observer,

there are deep obstacles in the subject which prevent this material from becoming conscious. These obstacles are called resistances and their presence is explained by the disagreeable and painful character of the repressed material. It would be useless then to confront the patient with the interpretation, however true it might be, as long as his resistances are not removed. The resistance might be overcome by various reassurances from the analyst. For example, the analyst's general attitude of non-moralizing neutrality might serve as such reassurance to some patients.

The way in which the patient is confronted with the interpretation, i.e. "how" of the interpretation, is as important as its timing and content. The wording of the interpretation, so that it is understandable to the subject, is obvious and needs no comments. But there are more important issues involved here. In order for the interpretation to be more acceptable to the patient he should be able to understand the way in which it has been reached. Thus if the analyst wants to demonstrate something to the patient, he doesn't simply assert it, but puts the evidence for it so clearly before him that he sees the steps which led to the conclusion. Freud has always suggested that people should be made as far as possible to produce the solution to their riddles themselves. To achieve this end the analyst tries to make the patient reflect on his behaviour step by step. The first step is to make him fully aware of what he is saying and doing without any references to the unconscious motives yet. This constitutes a preparatory stage of the interpretation, and is known as "clarification". Such clarification can take various forms. The analyst might, for instance, reflect on the patient's behaviour by specifically describing what he is doing and saying. Thus he may tell his female patient "Today you are talking a lot about the untrustworthiness of men." By doing so he organizes her attention over the predominant theme of the session. He may also enumerate multiple

instances of a certain behaviour of the patient by saying "On several occasions you have said that men are untrustworthy", in order to make her to reflect on the ways she is relating to the members of the opposite sex. A further strategy might consist in correlating several instances of behaviour or expressed attitudes. He might point out to the patient that she has not only expressed her distrust of him but of her father as well. Thus clarification is usually concerned with the behaviour which the subject himself is aware of or preconscious behaviour which can be easily brought into his awareness. The end it is trying to achieve is to direct the patient's attention to a certain pattern of his behaviour, make him reflect on it, draw some inferences on the basis of what he has observed so far and make him see what the analyst has observed too. The statements which have this clarificatory function are referred to by some analysts as interpretations. Louis Paul, for example, calls them noncausal interpretations.⁵ The term 'interpretation' doesn't seem to be right for them in our view, since reflecting on the subject's behaviour by telling him what he is doing or saying, as in the first example, doesn't involve interpreting anything, and the same is true about other examples of such statements. They can simply be called clarifications.

But clarification paves the way to the next step, i.e. to the interpretation proper, a step which is quite different from the previous one. It usually suggests an inference which might be entirely new to the subject, at least at the moment of the interpretation, as in the following example. "You don't trust your father because you feel that he has betrayed you". The first part of this statement designates what is known to the patient, i.e. what has been clearly established in the process of the clarification. The second part refers to something she is ignorant of, i.e. usually an unconscious feeling or wish, which the analyst was able to infer from her behaviour. The interpretative

statement connects the two in a causal manner. It might be quite far from clear to the patient, of course, how the analyst has reached his conclusion about her unconscious feeling that she was betrayed by her father. He can point out to her free associations concerning the birth of her younger sister and complaints that the father became more interested in his younger daughter, than in her, from that time on. Thus the interpretation of this kind is normally a causal statement connecting that which is known to the subject with something he is unconscious or ignorant at the moment of the interpretation. More rarely, it can state an unexpected causal relation, unexpected to the patient of course, between the two observables, as in the following example. "Your distrust of me is transferred from your distrust of your father". The fact that the interpretation proceeds step by step, starting from what is clear to the subject and what she would agree with, then passing to something she is less aware of in order to connect it with factors she is entirely ignorant about, enables the analysand to understand the way in which the interpretation of her behaviour has been reached and, therefore, makes it more acceptable to her. It can be also helpful to her in her own efforts to understand her motives.

In creating special conditions for observation and employing specified techniques and strategies, the psychoanalyst behaves like psychologists of other persuasions, or indeed scientists in general. Psychologists representing other schools also create special conditions for making observations, for example, experimental settings, and use various methods such as questionnaires.

Despite this general analogy, however, psychoanalysis as a method of research has certain unique features, which in some ways make it very different from other methods of psychological research. Let us look at those features and ask how good is psychoanalysis as a scientific tool for observing and investigating psychological phenomena. We remember that in psychoanalysis, research

and treatment go hand in hand. Unfortunately, therapeutic and research aims are not always compatible. Freud himself was well aware of this when he wrote the following.

"One of the claims of psychoanalysis to distinction is, no doubt, that in its execution research and treatment coincide, nevertheless after a certain point, the technique required for the one opposes that required for the other."⁶

In other words psychoanalysis faces a dilemma between clinical penetration and scientific rigour. Psychoanalysis as a treatment requires full confidentiality and therefore it has to exclude an independent observer who might generate anxieties and sensitivities in both the patient and the analyst, and thus have an inhibitory effect upon the conduct of the analytic work. That means that the basic observation-data in psychoanalysis are not ordinarily public. The privacy of the psychoanalytic data has the following limitations. It excludes check of the data, independent evaluation of them and the possibility of reproducing a forever vanished process. There is also another factor in psychoanalysis which is required by treatment but which handicaps it as a research method, namely, the fact that the study of the case-material can be reconstructed by the analyst after the analytic session only, or even after the completion of the case. Trying to record the observation during psychotherapy, by taking notes for example, can have an inhibitory effect upon the patient and it introduces a goal in addition to the therapeutic aim, so that the treatment becomes not a primary goal, but a clinical retrospective method makes the analyst as a researcher limited by memory. And further, in scientific research it is often desirable to pick out a single variable and treat it in isolation, since a single variable can be more easily controlled and manipulated and therefore much easier to test. In psychoanalysis such a procedure can become an obstacle to clinical penetration. We remember how important

is the timing of the interpretation, i.e. concentrating on a problem which preoccupies the patient and which he feels strongly about at the moment, for the interpretation to be effective. From the point of view of clinical aim, therefore, it is the subject who should determine the theme of the session and the timing of the interpretation. An analyst's attempt to control a single variable will easily come into conflict with this therapeutic requirement. For this reason concentration on an isolated variable, desirable from the point of view of scientific rigour is not always possible. All that implies that psychoanalysis as a method of observation and investigation has serious limitations. Does this disqualify it as a scientific procedure altogether? Fortunately, the traditional informal case-study method can be significantly improved in order for it to become a more respectable scientific procedure. A first step towards such improvement was the introduction of tape and visual recordings of the psychoanalytic sessions, or even allowing an independent observer using a one-way screen. Such strategies eliminate the privacy of the psychoanalytic data and make possible their independent check and assessment. A still further improvement of psychoanalysis as a method of research is the replacement of the informal case-study method by more formalized and systematic research, which at the moment is more of a programme than a practice.

We have learned so far about the technical procedures employed by the analyst in the course of the psychoanalytic session, the ways in which they are implemented, i.e. how and when the patient is confronted with an interpretation which has some specific content and belongs to a certain framework. We were told that thanks to these procedures the psychoanalytic session is invaluable as a method of research into human behaviour, as well as a method of treatment of the neurotic disorders. As a method of research it provides the analyst with a realm of material which is unavailable or at least very difficult to elicit under some

other conditions. This material in turn serves as ground for making hypotheses concerning human behaviour and inspired Freud in formulating his doctrine. Thus the psychoanalytic therapy has enormous heuristic value. According to Freud and some of his followers, the psychoanalytic session apart from its heuristic value is also a good ground for testing psychoanalytic hypotheses, i.e. it has a probative value. This latter claim is what we are going to examine here. Before the general question of the appraisal of Freudian theory in terms of its psychotherapeutic effectiveness is raised, however, some qualifications have to be made. As has been frequently pointed out, not all components of the Freudian doctrine have the same connections with the psychoanalytic technique. Firstly, there are some aspects of the psychoanalytic theory with no technical counterparts. The so called metapsychology belongs to this class. According to metapsychological doctrine, for example, the function of the unconscious mental processes is determined by the pleasure principle, i.e. they tend towards immediate and complete discharge of energy. There is nothing in the interpretation of transference, resistances and other phenomena occurring in the analytic session which has a clear bearing on this claim. Secondly, there are aspects of theory having no direct link with the clinical findings, for instance the hypothesis that the function of dreams is to preserve sleep, but which are connected with a hypothesis which does have a direct link with the psychoanalytic technique, in this case the claim that dreams are wish-fulfilments. Thus in order to account for the sleep-preserving function of dreams Freud appeals to their wish-fulfilling character, and the material presented by the patient during the session is directly relevant to the identification of the wishes responsible for dreams. In other words the doctrine about the sleep-preserving function of dreams has an indirect link with the clinical findings. Contrasted with these is the class of hypotheses which have a direct correspondence with the

psychoanalytic technical procedures. These hypotheses are used by the psychoanalyst to describe and explain what happens during the session and are invoked to account for the changes within the patient and his behaviour as a result of the therapeutic intervention. The hypotheses of unconscious mental processes belong to this class. Since the patterning of the symptoms, for example, the kind of unconsciously determined behaviour the analyst is mostly preoccupied with, reveals important elements of the patient's inner conflicts and the ways he is trying to cope with them, as well as their origin in his early childhood experiences, the interpretation of the clinical material has a direct bearing on the psychoanalytic theory of personality and its formation. All this implies that the question concerning the probative value of the clinical data cannot be raised in relation to the Freudian theory as a whole but only in relation to those aspects of his theory or sub-theories which have some connection with the technical procedures employed during the session. Since the hypotheses of the unconscious mental processes form a foundation on which the psychoanalytic theory of personality has been erected we can confine our question to validation of the identity of the unconscious determinants of human behaviour by the clinical data.

In what way precisely is the clinical material relevant for testing the hypotheses of the unconscious processes? We are told that the method of interpretation, which is the supreme agent in the hierarchy of techniques used by the psychoanalyst, enables the patient to achieve self-knowledge or insight into the unconscious factors responsible for his neurosis. Throughout Freud's writings we are reminded again and again that the patient's learning the truth about his motives and himself is the main task of psychoanalysis. In Lines of Advance in Psychoanalytic Therapy, for example, he says

"We have formulated our task as physicians thus: to bring to the patient's knowledge the unconscious, repressed impulses existing in him, and, for that purpose, to uncover the resistances that oppose this extension of his knowledge about himself".⁷

Why is self-knowledge so important, according to Freud? For the following reason:

"If, however, you will look at the matter from our point of view, you will understand that the transformation of this conscious material in the mind of the patient into conscious material must have the result of correcting his deviation from normality and of lifting the compulsion to which his mind has been subjected".⁸

Thus insight is important because it leads to a significant change within the patient, i.e. his cure. However, for insight to be effective it has to provide the patient with a veridical reconstruction of the causally relevant factor in his current and early life. A reconstruction which only seems true to the patient, but isn't really true, wouldn't do according to Freud. He wrote

"If the construction is wrong, there is no change in the patient; but if it is right or gives an approximation to the truth, he reacts to it with an unmistakable aggravation of his symptoms and of his general condition."⁹

On another occasion he also said

"After all, his conflicts will only be successfully solved and his resistances overcome if the anticipatory ideas he is given tally with what is real in him. Whatever in the doctor's conjectures is inaccurate drops out in the course of the analysis; it has to be withdrawn and replaced by something more correct".¹⁰

Thus if the analysis of a patient was therapeutically successful the psychoanalyst thinks he has good grounds for saying that his reconstruction of the unconscious mechanisms by the means of interpretation was veridical or correct. In his paper on "The Unconscious" Freud explicitly asserts the probative value of therapeutic success for the testing of the hypotheses of unconscious mental processes. We read

"When, in addition, it turns out that the assumption of there being an unconscious enables us to construct a successful procedure by which we can exert an effective influence upon the course of conscious processes, this success will have given us an incontrovertible proof of the existence of what we have assumed."¹¹

Since the idea that significant change can come about only as a function of veridical insight is the hallmark of the psychoanalytic approach, the notion of insight deserves our careful attention. Why should insight matter at all, a layman might ask. Often learning the truth about oneself, especially an unpleasant one, destroys the blissful peace of one's mind and only makes one unhappier. That this and other similar questions have indeed preyed on the mind of Freud's patients we learn from the following passage.

"When I have promised my patients help or improvement by means of a cathartic treatment I have often been faced by this objection: "Why, you tell me yourself that my illness is probably connected with my circumstances and the events of my life. You cannot alter these in any way. How do you propose to help me, then?" And I have been able to make this reply: "No doubt fate would find it easier than I do to relieve you of your illness. But you will be able to convince yourself that much will be gained if we succeed in transforming your hysterical misery into common unhappiness. With a mental life that has been restored to health you will be better armed against that unhappiness".¹²

So although self-knowledge might not make one happier it certainly makes one more rational and, therefore, in long terms at least "better armed" against unhappiness or indeed neurosis. A justification for insight is implicit in Freud's views about the nature of the mental illness itself. The neurosis, according to him, is not a suffering produced by some foreign intruder, analogous to a bacteria, but is a part of the patient's character. He explains the aetiology of the neurotic symptoms as follows:

"This therapy, then, is based on the recognition that unconscious ideas or better, the unconsciousness of certain mental processes are the direct cause of the morbid symptoms. We share this opinion with the French school (Janet) who, by the way, owing to excessive schematization, refer the cause of hysterical symptoms to an unconscious *idée fixée*".¹³

If what are behind neurosis are unconscious items, such as wishes and emotions, we can begin to grasp why understanding what they are and what kept them from reaching awareness should help. Thus for a wish, for example, to be unconscious and distorted is for it to be prevented from interacting with the rational beliefs of the subject. Such a wish cannot, therefore, be modified according to the requirements of reality. It also makes it impossible for the subject to choose realistic means to satisfy it. The best result available to him is a gratification of it in an illusory way, like the thirsty man dreaming that he is drinking water, but such dreaming doesn't satisfy his real need. In contrast with ignorance, the awareness that one's wish or emotion is unrealistic can help to modify it. For example, the knowledge that a fear is only an imaginary one may help to reduce it. Similarly, an understanding that one's attempt to satisfy one's desire was illusory, like that of the dreamer, can make one look for a better means to satisfy it. Thus awareness is central to rationality. In Freud's view it is also central

to our freedom.

"For conscious will-power governs only conscious mental processes, and every mental compulsion is rooted in the unconscious ... It is only by the application of our highest mental functions, which are bound up with consciousness, that we can control all our impulses".¹⁴

Freedom doesn't come, of course, like a sudden jump, due to understanding of some isolated wish or feeling. It is a cumulative process in which some modifications in the structure of the personality itself take place. As Freud himself put it: "Where id was, there ego shall be".¹⁵ His conviction that self-knowledge is essential for cure resembles closely certain philosophical or even religious claims. It can be compared with the Buddhist faith that true knowledge leads to elevation above suffering, with the Socratic claim that knowledge is virtue (arete), and most of all with Spinoza's doctrine that self-knowledge and freedom are inseparable. The particularly close similarity between Spinoza and Freud has been noticed and discussed by several writers, such as S. Hampshire and J. Neu.¹⁶ Comparing these similarities, however illuminating it might be, unfortunately would take us far away from our main concern.

We know that insight matters. However, insight can mean various things dependent on what kind of self-understanding it provides and how this understanding is reached. Firstly, it can refer to any belief true or false, which enables the person to make sense of his experience and behaviour. Religious, astrological and other doctrines all compete in their attempt to provide such insight. The "insight" given by a shaman to a sick person can be quoted as an example. In order to cure his patient the shaman explains his illness in terms of a mythology they both share. Levi-Strauss describes such explanation as follows.

"The sick woman believes in the myth and belongs to a society which believes in it. The tutelary spirits, the supernatural monsters and magical animals, are all part of a coherent system on which the native conception of the universe is founded. The sick woman accepts these mythical beings or, more accurately, she has never questioned their existence. What she does not accept are the incoherent and arbitrary pains, which are an alien element in her system but which the shaman, calling upon myth, will reintegrate within a whole where everything is meaningful."¹⁷

We think that the interpretation given by the shaman doesn't correspond to any objective reality, and the "insight" his patient is provided with is based on entirely false beliefs. What matters in such "insight" is that the patient believes the story to be true and it makes sense of his otherwise alien experience. Such beliefs can in turn make some difference to his mental states, for example, he might find his pain more tolerable or cease to feel it altogether. Do we want to regard all this as insight? If the notion of insight is used in a very broad sense including any kind of interpretation, even the most mythical one, which gives a subjective sense to the person's experiences, the shamanistic story, would count as insight. I want to suggest, however, that the term 'insight' like the word 'knowledge' should be restricted to beliefs which have some correspondence to objective reality (in this case the truth about oneself), while the system of beliefs which falls short of this requirement constitutes a pseudo-insight.

By 'insight' we mean, therefore a true belief about oneself, or at least a belief which has some approximation to the truth. Freud and his followers claim that what they are trying to provide their patients with are such veridical insights. Freud, as we saw, says again and again that only true insight is a real solution to the patient's problems. The critic might argue, however, that the shaman's intention was to give a

veridical insight too, even if his result fell short of his goal. So the mere intention to provide genuine insight doesn't guarantee that what has been reached is not a pseudoin-sight. Since the truth of the psychoanalytic interpretations is what is under scrutiny here we are unable to say at the moment whether psychoanalytic "insights" are genuine or not. But what we can already do, is to point out some important differences between the alleged "insight" given by the shaman, astrologer or other such "authority" and that provided by the psychoanalyst. In order to account for the problems of his patient, the psychoanalyst appeals to unconscious factors, such as an unconscious emotion, for instance. Thus he might suggest to his patient "You don't trust your father because you unconsciously feel that he has betrayed you". In this interpretative statement the psychoanalyst connects in a causal manner something the patient is aware of (the patient herself said that she doesn't trust her father) with something of which she is ignorant (so far). The unconscious feeling postulated by the psychoanalyst can be argued for or against in the light of further observation. As has been suggested earlier, the psychoanalyst might point to the patient's free associations concerning the birth of her younger sister, and to her complaints that her father thereafter became more interested in his younger daughter than in her, in order to support the claim about the patient's unconscious feeling of being betrayed by her father. So what the psychoanalyst appeals to, in his attempt to provide the patient with the relevant "insight", are clearly empirical facts, even if their evidential support for his claim is not sufficient to establish it beyond reasonable doubt. Can we say the same of the shaman, i.e. that he too appeals to some empirical facts to account for his patient's problem? Unlike the psychoanalyst, the shaman makes references to various spirits, monsters and other creatures of this kind. Thus he may tell his patient "Your pain is produced by a harmful spirit which has entered your body".

And then the curing may revolve around a "battle" performed by the shaman against this harmful spirit. We are tempted to say that, although the psychoanalyst might be wrong, he at least appeals to empirical facts, while the shaman fails to do even that but invokes mythical entities instead. But our criticism of the shaman and his procedure is likely to be dictated by our Western prejudices. Just like the psychoanalyst, he too can point out to some further 'manifestations' of the evil spirit, which is supposed to be responsible for his patient's disease. What the shaman and his patient observe is incorporated into their system of beliefs about disorders and how to treat them, and the observations they appeal to in particular instances seem to justify these beliefs. As P. Winch pointed out "their [he is talking about Zande] mystical notions are eminently coherent, being interrelated by a network of logical ties, and so ordered that they never too crudely contradict sensory experience but, instead, experience seems to justify them".¹⁸ It is, therefore, wrong to say that while the psychoanalyst tries to back up his "insight" by observable facts, the shaman ignores the facts entirely, for they both try to appeal to observation, although the facts they invoke to support their claims are entirely different as their systems of beliefs are themselves quite different.

But there is, however, one crucial difference between the system of beliefs shared by the shaman and his patient, and those advocated by the psychoanalyst. What the shaman and his patient believe about diseases and how to cure them is usually an integral part of their whole conception of reality. This conception is in turn determined by the structure of their language and how they use certain terms, such as 'illness', 'spirit', 'harmful forces', etc. To ask the shaman to revise his views about the nature of disorders and accept some different view instead, is to ask him to abandon certain concepts which are an organic part of his language; he would have to revise his conceptual

scheme, and probably his way of life too. The psychoanalytic view of mental disorders and how to cure them is not such an integral part of our Western system of beliefs, even if they have become quite influential in certain quarters. We are familiar with alternative views about mental disorders and their treatment, such as that advocated by behaviouristically oriented psychologists, or that based on a physical model of mental disorders. For this reason we are not compelled to accept the psychoanalytic view in the same way as the shaman and his patients are compelled to stick to their beliefs through absence of any alternative in their culture. This is a vital difference, because whatever the psychoanalysts' own attitude towards their system of beliefs, it can be questioned by others, including those who are treated by the psychoanalytic methods, because unlike shamanistic patients, psychoanalytic ones don't share all their concepts with their psychotherapists. The shamanistic system of beliefs can only be questioned, if at all, from outside the culture. For this reason, the psychoanalyst when he fails to cure his patient cannot get away with blaming his failure on such factors as "the extraordinary strength of unconscious impulses", parallel to the extraordinary powers of the evil spirit blamed by the shaman, but owes a more satisfactory account both to his patient and the critics of his method. Thus a possibility of critical questioning of the psychoanalytic "insight" makes it easier for us to look at it from a scientific point of view, which is what we in fact do, but which is more difficult in the case of shamanistic "insight", especially from the insider's point of view,

The alleged "insight" provided by astrology is quite a different case. Some people in our own culture believe in astrology, and we are more familiar with this particular system of beliefs than we are with that held by the shaman. But familiarity is not as important as the fact that the astrologer's "insight" is now parasitic on other concepts, such as "significant correlation", "statistical data", etc., which seem

to be perversions of our scientific concepts. But this is not what the astrologer himself thinks. He is convinced that his "insight" is achieved in a scientific way by appealing to observable data, such as correlations between the constellation of heavenly bodies and the person's life and problems. Thus in order to account for the subject's difficulties with his boss, for example, the astrologer appeals to a specific constellation of the stars at that time, arguing that there is a meaningful correlation between these two observables. The psychoanalyst too sometimes postulates a causal connection between two observables. He might suggest that the patient's fear of his boss is transferred from his fear of his father. Thus there may seem to be a parallel between these two kinds of explanation and no reason to take one more seriously than the other. But this analogy is rather superficial. The psychoanalyst when he postulates a causal connection between the patient's fear of his boss and his father, can appeal to a psychological mechanism called projection, to account for it. We are told that projection consists in attribution of certain features of one object or person into another, if there is some subjective similarity for the subject between the two. In this particular case the similarity might consist in the fact that both boss and father represent for the subject an authority to which he has to submit himself. So the psychoanalyst gives us some account of how in his view there is a causal connection between the two observables, even if this account may be rejected by a behaviourist on the ground that there is a simpler explanation of the same phenomena in terms of a conditioned response. Can we say the same of the astrologer's explanation? If he postulates a significant connection between the constellation of the stars and our lives he owes us some account of how there could be such a connection, because it is quite far from obvious. Some astrologers argue that there is a statistically striking correlation between the two factors. This is doubtful, but let us agree with them provisionally and suppose that

there is such a correlation. But a "statistical correlation" can be of two quite different kinds. The phenomena may be causally connected, like the changing of the seasons and birds' migration, which is interesting from the point of view of science. But sometimes concomitance between two phenomena could be purely accidental, as in the following example. Whenever certain shops are closed in London certain shops are also closed in Paris, a correlation which doesn't interest scientists because it is not explained by any laws of nature. The astrologer is at pains to persuade us that the supposed statistical correlation between the two phenomena he is interested in is more than accidental coincidence. So although we are not obliged to accept either astrologer's or psychoanalytic "insight", the latter is at least worth some attention, because it gives us a plausible story, true or false, why we should look at two phenomena as being connected in a causal way, while the former fails to do even that.

Nothing would count as insight unless it is based on some true belief. However, a true belief can be acquired in various ways. It can be accepted on authority from someone who has a privileged access to a certain area of knowledge, or by the subject's own awareness of the evidence for his belief. Quite often the man in the street believes in current scientific theories not because he really understands the justification for accepting them but merely on the authority of the scientists who formulate these theories. The scientists themselves can justify the theories they stick to, or at least they should be able to do so. We usually feel that a belief, however true, accepted on authority alone, even if this authority is reliable, is inferior to a belief which the subject himself can justify. Suppose somebody wants to attack my belief - if I am unable to justify it myself I am left almost defenceless, the only defence left to me is to suggest that the authority I am appealing to is reliable. However, being able to

to justify all the beliefs one holds, an altogether impossible task, is not usually necessary for carrying out our daily tasks. As far as self-knowledge is concerned, however, the ability to justify one's beliefs is more important, if not actually indispensable, for the following reasons. Self-knowledge is closer to moral knowledge ~~rather~~ than knowledge about the external world. A moral man is not one who merely knows what is good or bad, right or wrong, but one who knows how to choose between these alternatives, i.e. how to live morally. And if there is a moral authority, it cannot teach us how to live morally, although it can serve as an inspiration and an example to follow. When faced with a moral choice, for example, whether to die or to stick to one's principle of telling the truth, one has to decide for oneself. The example of those ready to die in defence of truth, like Socrates or Giordano Bruno, can help to make the choice, but the choice has to be made by the person himself. Self-knowledge too, is not merely the knowledge of certain objective facts about oneself, for instance, that one is an insecure person. It is also an awareness how this insecurity affects one's life. An awareness, for example, that when one is presented with an interesting challenge one is unable to face it, that one avoids people who are more successful than oneself, etc. Sometimes the person might be unaware that all these problems are connected with him having an insecure personality and the psychoanalyst or some other expert can help him realize that, but in order to understand what it is really to be an insecure person the subject has to experience it for himself, just as the moral man has to make the choice himself, and cannot be instructed by the authority. Also self-knowledge is not something the person can acquire once and for all. It is a continuous process which only ends with life itself. The psychoanalyst might help me to realize how my present problems are affected by events from the past, but the future will face me with new situations and I cannot expect the authority

to be there and help me whenever I feel bewildered by a new experience. I suppose the authority can help the person in learning how to be open and sensitive to certain things, but this sensitivity can only be exercised by the subject himself. All this implies that insight accepted on authority is not only inferior but simply might not do. For this reason we wouldn't ascribe great value to the insight provided by the religious authority, such as the shaman, even if it were in fact true, because such insight is accepted on the basis of faith rather than critical self-examination. But what about the acquisition of insight in psychoanalysis? Does the psychoanalytic patient accept certain truths about himself simply because the psychoanalyst says so or is he actually encouraged to examine these truths critically? Freud himself was convinced that if the patient is confronted with a "ready made" interpretation without being able to understand how it was reached, it wouldn't have any significance to him and would thus leave him indifferent, if not actually producing the opposite effect. He wrote

"As a rule we put off telling him of a construction or explanation till he himself has so nearly arrived at it that only a single step remains to be taken, though that step is in fact the decisive synthesis. If we proceeded in another way and overwhelmed him with our interpretations before he was prepared for them, our information would either produce no effect or it would provoke a violent outbreak of resistance which would make the progress of our work more difficult or might even threaten to stop it altogether."¹⁹

We also remember that Freud was always guided by a principle that people should be made as far as possible to produce the solution to their riddles themselves. So in theory at least, if not in practice, Freud rejects insight accepted on authority, even if this authority is himself. But how is this principle put into practice in psychoanalysis? We remember that one of the formulas of the psychoanalytic therapy

is to proceed step by step, so that the analysand can understand how the psychoanalyst reaches his conclusion. All the problems concerned with the "how" of the interpretation, discussed earlier, are relevant here. To remind ourselves once more, the psychoanalyst proceeds in the following way. He begins with the clarification of the patient's behaviour first. The patient is invited to pay more attention to what he himself said and did. The next step connects the factors made explicit in the process of clarification with the factors the subject is less aware of. If the patient doesn't see the connection the psychoanalyst points to his free associations or another instance of his behaviour which suggest such a connection. If this new factor is accepted by the analysand, it becomes in turn a basis for making a still further inference, often concerned with the unconscious item, the subject was originally ignorant about, but which became clearer to him after grasping the steps leading to it. How a particular psychoanalyst puts this principle and rule into practice may vary a lot and leave much to be desired in some cases, but the principle and rule is there. That much at least distinguishes psychoanalytic insight from the shamanistic one, or any insight based on faith in general, which doesn't formulate such rules and principles even to start with.

Is true belief about oneself, which one is able to justify, enough to produce the therapeutic change which counts? What Freud said on some occasions seems to suggest that self-knowledge is a sufficient condition for cure, as in the following passage.

"The psychoneuroses are substitutive satisfactions of some instinct of which one is obliged to deny to oneself and others. Their capacity to exist depends on this distortion and lack of recognition. When the riddle they present is solved and the solution is accepted by the patients these diseases cease to be able to exist. There is hardly anything like this in medicine, though in

fairy tales you hear of evil spirits whose power is broken as soon as you can tell them their name - the name which they have kept secret".²⁰

If neurosis disappears as soon as the patient is able to understand its origin, then insight is sufficient for its elevation. Freud's later writings, however, put a greater and greater distance between the gaining of self-understanding and the automatic remission of symptoms.

In the paper on The Unconscious he observes "If we communicate to a patient some idea which he has at one time repressed but which we have discovered in him, our telling him makes at first no change in his mental conditions".²¹ Elsewhere he is even more explicit.

"Informing the patient of what he does not know because he has repressed it is only one of the necessary preliminaries to the treatment ... Since, however psychoanalysis cannot dispense with giving this information, it lays down that this shall not be done before two conditions have been fulfilled. First the patient must, through preparation, himself have reached the neighbourhood of what he has repressed, and secondly, he must have formed a sufficient attachment (transference) to the physician for his emotional relationships to him to make a fresh flight impossible".²²

Here Freud is explicitly saying that although true belief about oneself is a necessary condition of the psychoanalytic cure it is not a sufficient one, however. What more is needed, apart from telling the patient the truth about him, in order to change him in a desirable way? Only understanding accompanied by an emotional reaction could be effective we are told. As Karen Horney puts it, insight "means gaining information about ourselves which we feel in our 'guts'".²³ The same point is made when the psychoanalysts assert that only an "emotional" insight, in contrast

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to an "intellectual" one, is capable of producing a desirable change. Although the contrast between intellectual and emotional insight is repeatedly stressed we are not always given a clear account why some cognitions can precipitate an emotion while others not. The most interesting attempt to give such an account was made by J. Richfield in his paper "An Analysis of the Concept of Insight".²⁴ He connects the constraints on insight with B. Russell's distinction between knowledge by acquaintance and knowledge by description. Let us see then what Russell meant by these terms.

"I say that I am acquainted with an object when I have a direct cognitive relation to that object, i.e., when I am directly aware of the object itself. When I speak of a cognitive relation here, I do not mean the sort of relation which constitutes judgement, but the sort which constitute presentation."²⁵

In turn

"An object is 'known by description' when we know that it is 'the so-and-so', i.e. when we know that there is one object, and no more, having a certain property; and it will generally be implied that we do not have knowledge of the same object by acquaintance".²⁶

Suppose one person knows the effect of a chemical substance called LSD by acquaintance, whereas another by description only. They both know that it produces visions. But the similarity between their knowledge ends at this point. The person acquainted with effects of LSD experienced this very effect upon himself, whereas the other formed his judgement about the effects by observing the behaviour of those effected by it or in another such way, but not by actually experiencing it. Thus an essential part of the knowledge by acquaintance is a direct experience of an object, which is absent in the knowledge by description. Experiencing something, especially in a personal context, can make a big difference. Some popular sayings, such as "the satiated man cannot

understand the hungry man", express this point. Freud himself, although he never used Russell's words, had something similar in mind when he wrote the following.

"If knowledge about the unconscious were as important for the patient as people inexperienced in psychoanalysis imagine, listening to lectures or reading books would be enough to cure him. Such measures, however, have as much influence on the symptoms of nervous illness as a distribution of menu cards in a time of famine has upon hunger".²⁷

Of course, knowledge of the unconscious was always important in his view, what he is undermining here is the knowledge by description which transcends the direct experience, because reading books or listening to lectures can only give you such knowledge. In contrast, a therapeutic situation provides a context for experience. Freud's followers were never ignorant of the value of experience in psychotherapy and made a direct connection between the interpretation leading to experience and its effectiveness. Otto Fenichel, for example, observed "The fact that pathogenic conflicts, revived in the transference, are now experienced in their full emotional content makes the transference interpretation so much more effective than any other interpretation."²⁸ What are the features of the psychoanalytic therapy which make it such a good climate for the patient not merely to talk about his problems but actually to experience them? The factors which go into the proper timing of the interpretation are relevant here. We remember that one of the formulae of the psychoanalytic therapy says "Work always where the patient's affect lies at the moment". If the psychoanalyst interprets what preoccupies the patient at the moment, he is more likely to get from him not just a mere verbal response but an emotional reaction which is more significant in experimental terms. If the issue of timing is ignored, however,

the patient, says Freud,

"may think to himself: 'This is very interesting, but I feel no trace of it'. We have increased his knowledge but altered nothing else in him. The situation is much the same as when people read psychoanalytic writings. The reader is "stimulated" only by those passages which he feels apply to him - that is, which concern conflicts that are active in him at the moment. Everything else leaves him cold".²⁹

Our daily experiences confirm that too. I might be strongly concerned with something but if this very thing is raised at the moment when something else is preying on my mind it is most likely to leave me unmoved. Other factors, discussed earlier, such as the fact that interpretation should proceed step by step, are also of great importance. If the patient is confronted with a "ready made" interpretation without being able to understand how it was reached it wouldn't have any significance to him and thus might leave him indifferent or even produce the opposite effect. These and other factors which contribute to the effectiveness of the interpretation are often referred to by the psychoanalyst as "working-through". In Freud's later writings working-through was stressed more and more and insight was no longer considered sufficient for producing the desirable change in the patient. The conclusion which follows from all this is that self-knowledge is not powerless, but it is not omnipotent, and to make it effective requires more than just telling the truth, however convincing it might be.

In the passage quoted earlier Freud has said that informing the patient about the nature of his problem, although not enough, is nevertheless an indispensable part of the psychoanalytic therapy. Thus insight was regarded by him as a sine qua non of psychoanalysis. This idea that insight is a necessary condition for cure requires some further comments. We remember that originally, in order to help the

patient to overcome his symptoms, Freud followed the French school (Janet) and then Breuer in their use of the hypnotic technique. This technique had little to do with providing the patient with self-knowledge and a lot with influence by means of suggestion, and yet Freud claimed that he had some success then. But if that is the case he cannot argue at the same time that self-knowledge or insight is a necessary condition for the relief of neurosis. But let us do justice to him. In tracing the history of Freudian therapy it is important to realise a deep shift in understanding of the mental illness itself. In his early period Freud tended to identify it with the symptoms themselves, whereas in his latter works symptoms came to be regarded as a mere manifestation of the illness. The shift in understanding of the nature of neurosis and other mental disorders led to a shift in the goal of psychotherapy and evaluation of its outcome. A mere disappearance of symptoms, without some deeper changes in the structure of the personality, ceased to be regarded as a successful outcome of the therapeutic intervention. But let Freud speak for himself.

"Hypnotic treatment seeks to cover up and gloss something in mental life; analytic treatment seeks to expose and get rid of something. The former acts like a cosmetic, the latter like surgery. The former makes use of suggestion in order to forbid the symptoms; it strengthens the repression, but, apart from that, leaves all the process that have led to the formation of the symptoms unaltered. Analytic treatment makes its impact further back towards the roots, where the conflicts are which gave rise to the symptoms and uses suggestion in order to alter the outcome of those conditions."³⁰

So what was originally regarded by Freud as cure turned out to be an apparent improvement only and further practice convinced him that it was indeed the case. A mere removal of symptoms, without treating

underlying causes, usually resulted in either reappearance of the original symptoms or their substitution, i.e. other forms of maladaptive behaviour. This was a reason, says Freud, why

"I gave up the suggestive technique, and with it hypnosis, so early in my practice because I despaired of making suggestion powerful and enduring enough to effect permanent cures. In every severe case I saw the symptoms which had been applied crumple away; after which the disease or some substitute for it was back once more".³¹

In other words successful cure couldn't be achieved, in Freud's view, by a hypnotic or other method which dispenses with insight, and thus he implies that insight is a necessary condition for the therapeutic change which counts. There is one occasion, however, on which Freud suggests that it might be possible to attain recovery by the use of kinds of influence different from the psychoanalytic one or even spontaneously. But these are what he calls the "slighter, episodic cases" only.³²

In severe cases psychoanalytic method is still indispensable and insight is still a necessary condition for cure, according to him.

We have learned enough about insight and the procedures of psychoanalytic therapy to be able to formulate now a precise form of Freud's argument about the evidential value of therapeutic success for the validity of psychoanalytic interpretations. It can be formulated as follows:

Premise 1: The analysis of the patient x was therapeutically successful.

Premise 2: Veridical insight is causally necessary for the relief of the patient's neurosis, and only psychoanalytic interpretations can mediate such insight.

Conclusion: The psychoanalytic interpretations given to the patient x were veridical.

We can refer to this inference as the Argument from Insight. Adolf

Grünbaum calls it "The Tally Argument" (because of Freud's formulation that interpretations should "tally with what is real" in the patient), and apart from referring to Premise 2 for short as "the Necessary Condition Thesis", his formulation of it is similar to ours.³³ We often hear psychoanalysts saying that nothing counts as insight unless it produces change. Insight which doesn't result in relevant change is labelled by them as "false", "incomplete", "intellectual", etc. But this either begs the question or implies that there is a logical, as opposed to empirical, connection between therapeutic change and insight. Since they in fact believe that there is a causal connection between insight and cure (at least Freud did), they need some independent criteria, apart from the relevant change, to establish that insight has indeed occurred. In other words, for this argument to be sound empirically, Premise 2 should be established independently from Premise 1. How this can be done poses some difficult problems. But there is an even more serious problem facing the Argument from Insight, namely, whether Premise 2 is tenable at all in the light of recent findings.

The thesis that the patient's acquisition of that veridical insight which only analytic treatment can mediate is a causally necessary condition for the therapeutic change that counts has been challenged both by philosophers and psychologists. According to Eysenck, for example, the hypothesis of the therapeutic efficacy of various forms of psychotherapy in general, and analytic therapy in particular, is empirically unfounded. What are his grounds for reaching such a conclusion? He takes into account some figures produced by analysts about the effectiveness of psychoanalytic therapy. These figures show that about 46 per cent of the total number of 760 patients benefited from the psychoanalytic treatment, i.e. were reported as "cured", "much improved" and "improved". If we take into account a large number of patients treated by other forms of psychotherapy and put

them together, the rate of cure and improvement reaches about 64 per cent of the total number of about 7,400 cases. Now, in order to show that psychotherapy in general, and psychoanalysis in particular, did in fact help these patients, as the psychotherapists claim it did, we have to compare the rate of success achieved by the psychotherapeutic methods with a matching control group, who didn't receive psychotherapy of any kind. To do that Eysenck appeals to two surveys of large samples of cases reported by Denker and Landis, and argues that they can serve as a control group, or at least an approximation to it. Landis reported that approximately two thirds of the patients diagnosed as psychoneurotic in New York State hospitals in 1914 and in United States hospitals in 1933 were discharged as recovered or improved within one year.³⁴

Denker's report indicated similar findings. He made a survey of the decrease in life-insurance disability claims from the patients treated by general practitioners, diagnosed as psychoneurotic, and found that over a two-year period about 72 per cent of these patients withdrew their insurance claims.³⁵ If we now compare these figures with the rate of recovery and improvement reported by the psychoanalysts they "show that roughly two-thirds of a group of neurotic patients will recover or improve to a marked extent within about two years of the onset of their illness, whether they are treated by means of psychotherapy or not" says Eysenck.³⁶ If Eysenck's conclusion that psychoanalysis doesn't produce better, if not actually worse, results than no treatment at all is correct, Freudian oriented psychotherapists are wrong in believing that insight is a necessary condition for cure.

Despite its attractiveness, Eysenck's argument has been subjected to severe criticism. It is possible to argue, firstly, that his study doesn't meet the requirements of a proper controlled study. The group he used for comparison with the psychotherapeutic patients wasn't really the group which received no treatment at all.

The patients from both Landis' and Denker's surveys received some kind of help after all, either from general practitioners or other doctors. So the Denker-Landis figures can at best be used to assess the effectiveness of psychoanalytic therapy against different forms of therapy. Secondly, a comparison only makes sense if the patients' characteristics relevant to the outcome of recovery or improvement, such as severity of disturbance, age, etc., are similar in both cases. There is good reason for suggesting that the patients from both studies used by Eysenck in his comparison, insurance claimants in one case and hospitalized neurotics in another, were different in important respects from the patients the psychoanalysts usually deal with. Psychoanalysts usually deal with severe cases, whereas the category of people from Denker's survey in particular seemed to represent less severe types of disorder. Differences between the types of patients in both cases makes Eysenck's conclusion rather doubtful. Thirdly, the criteria of improvement used by Denker and Landis are not comparable to those used by the psychoanalysts. In Landis' case the discharge of the patient from hospital was regarded as a sign of recovery or improvement. The criterion used by Denker was withdrawal of the insurance claim. The latter especially doesn't resemble in any way the criterion used by the psychoanalyst in their assessment of successful outcome of psychotherapy. The different criteria of outcome used in both groups make them incomparable to one another, despite Eysenck's attempt to do so. In other words Eysenck's conclusion is ill-founded because it is reached on the basis of heterogeneous data which vary in respect to the type of patients, criteria of outcome and the group used for comparison. But even if Eysenck's conclusion is doubtful, his general argument is still valid. It is meaningful to compare the results of psychoanalytic therapy, or indeed therapy in general, with the rate of nontreated improvement, because such comparison can tell us something about the effectiveness of the psychoanalytic therapy,

provided that it is a properly devised control study. Are there such reliable control inquiries available to us at the moment which can throw some light on the effectiveness of psychoanalysis as compared to non-treatment? S. Fisher and R.P. Greenberg in their work The Scientific Credibility of Freud's Theories and Therapy quote six studies which are a better approximation to a proper control inquiry.³⁷ On the basis of these studies they argue that "while we cannot conclude that the studies offer unequivocal evidence that analysis is more effective than non-treatment, they do indicate with consistency that this seems probable with regard to a number of analysts and their nonpsychotic, chronic patients."³⁸ It is possible to criticise these inquiries for their methodological shortcomings, as Fisher and Greenberg themselves did, and therefore to regard the above conclusion as too optimistic, but we cannot say so far, despite Eysenck, that it has been positively demonstrated that Freudian therapy produces no better results than no treatment at all.

What about the effectiveness of psychoanalytic therapy vis à vis other kinds of therapy which are based on entirely different therapeutic principles and assumptions, such as behavioural therapy for example? Freud was convinced that unless insight is achieved, the removal of symptoms would result in symptom substitution, i.e. other forms of maladaptive behaviour, and therefore he regarded other ways of dealing, especially with chronic cases, as less satisfactory than psychoanalysis. This view is still held by some of his followers who look with scepticism and suspicion at rival methods of treatment of the neurotic disfunctions. Yet therapists practising these rival methods claim that the results they produce are as good as those achieved by the psychoanalysts, if not actually better in some cases. If they are right, the psychoanalytic assumption that veridical insight is a necessary condition for the alleviation of chronic neurotic disorders is untenable. To solve this dispute we

need an adequate control inquiry into the outcomes of psychoanalytic therapy vis à vis results produced by alternative methods. We have been able to learn already what constraints are necessary for such an inquiry to be acceptable. As in the case of a control study of the analytic outcome in contrast with no-treatment, in this case too the two groups taken for comparison have to match for the nature and degree of disorder, the type of patient, the same criteria for the evaluation of the outcomes and possibly for other factors such as the length of treatment, etc. The arrangement of such an inquiry is not, however, as straightforward a matter as it might seem. It faces empirical difficulties and (more seriously) conceptual problems. It is important to learn something about these problems in order to avoid the danger of accepting some statistical categories before we even know what they exactly show and also what they cannot show. Take, for example, the concept of cure or successful outcome of psychotherapy. Some psychotherapists would equate cure with the removal of symptoms. If a phobic subject, for example a child frightened by dogs, stops avoiding them, they might regard him as cured. But there are different degrees of alleviation of symptoms. One therapist may rest content if the dog-phobic subject doesn't run away at the sight of a dog, as a result of therapeutic intervention. Another might not be happy until the subject is able to approach the feared animal. The psychoanalyst might not be even content with the latter, because in his view it is a mere removal of the symptoms, whereas his aim is to produce a dynamic change, i.e. change in the person's feelings as well as the particular behaviour-pattern. These feelings can be the cause of other behaviour. There is a difference, for example, between the person being able to approach a feared object even if he is still terrified by it, and the person who doesn't experience such fear any more. He who is still afraid

may allow himself to be approached by dogs only if it is necessary to do so, while the one who is not afraid doesn't pay any attention to them. So although both of them do not exhibit avoidance behaviour, their mental states and other behaviour-patterns are quite different. And while the analyst takes into account the mental state of the subject as well as his behaviour in his assessment of the outcome, the behaviouristically oriented therapist rests content with the change of the behaviour alone. For that reason he is accused by the psychoanalyst of dealing merely with symptoms instead of being concerned with the roots or underlying causes of the problem. Why can't the therapists of rival schools make some kind of compromise? The psychoanalyst could lower, whereas the behaviourist could raise, his standards of cure in order to meet at some common point. Such a thing would be possible if the assessment of the effectiveness were a mere matter of taste of the particular psychotherapist, which is not the case. What counts as cure depends on the understanding of the mental disorder itself. In the behaviourist's view phobia is a disfunction of behaviour. Behaviour itself is looked upon as a function of stimuli. If the stimulus acquires a negative value for the subject, for some reasons, an avoidance behaviour takes place. Such avoidance behaviour usually reduces fear (out of sight out of mind so to speak). The reduction of fear reinforces in turn this very behaviour. If we look at phobia in this way the following implications for its treatment can be deduced. In order to stop avoidance behaviour, i.e. to break the circle of the negative reinforcement, we should try to elicit from the subject a different response in the presence of the feared stimulus. The phobic subject might be encouraged to expose himself gradually to the object he fears. If he succeeds, with the therapist's help, in doing so the negative reinforcement is put to an end and positive reinforcement can take place. Thus if a child acquired a phobia of dogs, because a big dog barked angrily at him once when he

was on a walk with his father, he might be encouraged to approach toy dogs first, then real but small and friendly looking dogs and maybe at the end big ones, similar to the one he has been frightened by originally. The psychoanalytic account of the same or similar case of phobia might look quite differently. Suppose that when the child expressed his fear of the dog in the original circumstances his father teased him and laughed at him and this made the child very angry with him. Meantime this anger was forgotten or even repressed while the fear of dogs still persisted. For the analyst the anger with the father expressed by the child on the original occasion may be as important as the fear of the dog itself. Because it could be the case that the sight of the dogs reminds the child of his anger and his love for his father makes it very difficult for him to reconcile these two feelings. So it is not only the fear of the dogs which has to be dealt with but also the child's anger and the conflict it produces, in the psychoanalyst's view. Mere dealing with the fear of dogs, as the behaviourist tries to do, is a superficial solution, if at all, according to him. But this accusation is unjust, because the behaviourist tries to deal with the causes of the phobia too, although he understands them in a different way. It is clear now that the disagreement between the two is not about the standards, i.e. the behaviouristic therapist dealing with the symptoms merely, whereas the psychoanalyst with roots or underlying causes of the problem, as some would like to think; both of them try to remove the cause of the phobia, although their understanding of it and the nature of the phenomena itself is quite different.

But in a different society, some primitive tribes for example, a fear of some animals can be looked upon in an entirely different way. Certain members of such a society adopt a particular species of animal as their totem. There are various taboos connected with the totemic animal. The violation of these taboos is regarded as a crime which has

to be punished, sometimes by death. It is not surprising, therefore, that the totemic animal often becomes the object of fear and elicits behaviour very similar, if not phenomenologically the same, to what we call phobia. Are we justified in applying our standards to this phenomenon and regard it as phobia too? Some might argue that since the fear of the totemic animal also incapacitates the person and makes his life miserable, just as phobia of an ordinary animal does, it has to be looked upon and dealt with in the same way. But what if everybody in a tribe is incapacitated in the same way? It might not be felt any more as incapacity but as a way of life. And anyway, our western therapies would be entirely helpless in dealing with such a phenomenon. It would be useless to encourage the person who suffers from the fear of a totemic animal to expose himself gradually to it in order to stop the negative reinforcement, as the behaviourist does, because the taboos he believes in and his entire way of life tells him to do just the opposite. So what constitutes a "symptom" can vary from society to society, and even in the same society very similar behaviour can be called sometimes a religious inspiration and sometimes madness. If we cannot agree about the causes of phobia, or even whether it should be regarded as such, an attempt to fix a cure rate at some agreed level is difficult if not an impossible enterprise. Quite often the elegance of statistical categories merely hushes up these problems.

But in some cases at least such comparison should be possible. Although the behaviourists and psychoanalysts disagree about the mechanism of phobia, and therefore adopt different methods for dealing with it, they at least agree that it is a kind of disfunction which incapacitates the person and thus requires their therapeutic intervention. This level of agreement might not be much but it enables us to establish some starting point for the comparison at least. But they have to agree about something else as well. The psychoanalyst wants to change the behaviour

of the phobic subject as well as the structure of his personality. And he cannot claim that he succeeded in achieving his goal if the subject still avoids the phobic object. In other words the disappearance of the avoidance behaviour is an important criterion for the assessment of the outcome of his therapy. And this is also the criterion used by the behaviourist in his evaluation of the result of the treatment. If that much is common to both of them, whatever else the psychoanalyst is trying to achieve in his view, the comparison of the outcomes is not an impossible thing, although it might be still difficult. Are there some control inquires into the outcome of the rival schools of psychotherapies? An overview of such studies is offered again by Fisher and Greenberg. They quote Cartwright (1966a), Ellis (1957), Dudek (1970), Berendreyt (1961) and other studies. What follows from all these studies, according to them, is that "there is at present no justification for a patient to assume that he will achieve a greater degree of improvement in a therapy called psychoanalysis than in a therapy given another label as analytically oriented, client-centered, or behavioural."³⁹ If cure can be achieved by methods not based on psychoanalytic insight, and we have good reasons to believe that it is the case, Freud and his followers cannot claim any longer that veridical insight is a necessary condition for any kind of cure which counts. And if the Premise 2 of the Argument from Insight is undercut in this way the whole argument collapses. However, there is still some kind of defence left to the psychoanalyst. Instead of claiming that veridical insight is a necessary condition for any kind of cure of neurosis he can adopt a more modest claim, namely, that veridical insight is necessary for the psychoanalytic kind of cure only. So although several rival therapies can succeed in the alleviation of neurosis, the conquest of neurosis in the patients treated by the psychoanalytic methods might still depend on veridical insight. A possibility of the same disorder being treated successfully

by different methods can be also found in physical medicine. A cancer, for example, can be treated by surgical and chemo-therapeutic methods. And although anaesthesia is not a necessary condition for any kind of cure of cancer it is necessary, however, for the cure based on surgical intervention. What we have to do now is to examine in turn this modified version of the Argument from Insight.

According to some critics of psychoanalysis, even the modified version of the Argument from Insight wouldn't do. They are convinced that psychoanalysts, or indeed psychotherapists in general, unwittingly influence their patients to behave and talk in ways which validate their interpretation. In other words the "insight" achieved by the patient is not a result of his veridical self-discovery but reflects his conversion to the psychoanalyst's interpretation, i.e. he produces the very evidence which confirms the psychoanalyst's hypotheses.

M. Martin, for example, writes

"In the light of a recent and ever-growing body of experimental literature, it is becoming increasingly implausible to maintain that psychoanalysts do not produce in their patients the very evidence that confirms the psychoanalytic interpretation. This literature, moreover, makes it understandable why rival schools of psychotherapy find confirmation only within their own therapeutic session: each school's theories are confirmed by its own practitioners in their own practice by producing in their patients the very behaviours that are supposed to be confirming."⁴⁰

Thus a well known joke that analysts of Freudian orientation transform their patients into a Freudian type of person, Jungian into a Jungian type of person, etc., isn't a joke any more but a fact in the critic's eyes. Is there any justification for making such a claim? The critics argue

that the main therapeutic force of psychoanalysis is embodied not in the patient's acquisition of veridical insight by means of psychoanalytic interpretations (as Freud and his followers believe), but in non-analytic factors, which are independent of the contents or processes of the therapy rendered.

What are these factors and do they really occur in the process of psychoanalysis? Firstly, even before the proper analysis starts, a therapist, because of his professional status or reputation, is believed by the patient to have help-giving potential. The patient usually comes not only with some motivation for change, but also with hope and expectation that help will be forthcoming from the psychoanalyst. There might be an initial period during which the patient reveals his problems to the empathetically listening person. Regardless of whether the psychoanalyst chooses to make any interpretation at this stage the very opportunity to discuss the problem with a person from whom the patient has hope and expectancy of receiving help produces some release of tension in him and thus may improve his general condition. Also such a subtle factor as acceptance for treatment by a prestigious psychoanalyst can maximize the patient's response to psychotherapy. Because of the technical emphasis on suitability for psychoanalysis, many patients interpret acceptance for such treatment as evidence of favourable prognosis, not being seriously ill, etc., which contributes to their improvement. Freud himself was aware that in some cases the patient merely by being able to verbalize his feelings to the empathetic psychoanalyst can experience an initial release of tension. In his early period he referred to this phenomenon as "catharsis" or "abreaction" and ascribed to it quite an important role in the psychoanalytic treatment. His latter practice convinced him, however, that the initial release of tension has only a temporary effect, and if the patient was not given any interpretation his condition usually returned to its original stage.

Secondly, in all psychotherapies, including psychoanalysis, apart from the talk of the therapist such as interpreting the patient's behaviour, something else takes place also. This is usually non-verbal behaviour of the therapist, of which he himself might not be fully aware, but which can influence the outcome of his therapeutic intervention. Judd Marmur describes such behaviour as follows.

"Facial reactions of the therapist to the patient's behaviour or speech, a questioning glance, a look of approval, a barely perceptible frown or lift of the eyebrows, a faint nod of the head or shrug of the shoulders, a posture of involvement or detachment, all served as cues to patients whose "antennae" were obviously alerted to the slightest indications of approval or disapproval, interest or disinterest, from the therapist. Even for those therapist who practiced behind a couch, the tonal means of their mm-hmms, the patterns of their silences, or the sounds of their shifting movements acted as similar cues. It has been demonstrated experimentally that such non-verbal signals can not only influence the direction and content of patient's communications, but also have an operant conditioning effect on thought and behaviour, reinforcing what is perceived as approved and discouraging that which is perceived as disapproved". (my italics)⁴¹

Non-verbal behaviour of this kind is characteristic of human interactions in general and there is no reason for thinking that the patient-psycho-therapist interaction could be an exception to it. However, as we cannot claim that such non-verbal behaviour has more effect upon us than speech in general, we haven't yet got reason to believe that it is the opposite in the case of psychoanalytic interaction. So although a certain degree of "operant conditioning" may well occur during psychoanalysis, its effects might be less significant than those produced by the use of characteristically analytic procedures.

Thirdly, the psychoanalytic situation has some peculiar features which contribute to the suggestibility of the patient. The analyst behaves in such a way that he becomes an indeterminate figure for the analysand. He doesn't show his attitude towards the issues the patient raises and the feelings he expresses, in order to avoid the danger of inhibiting him in some ways. This situation, combined with the rule of free associations, produces a feeling of anxiety and uncertainty in the patient and he develops a cognitive hunger for guidance. As a result he becomes emotionally involved with the psychoanalyst (the transference phenomenon) and therefore very suggestible.

The possibility of influencing the patient by means of suggestion produces the biggest challenge to the objectivity of the clinical data, because if it were indeed the case, as critics believe, it would imply that the patient accepts interpretations merely because of his conversion to the analyst's perhaps imaginary story and not because it is in fact true. Was Freud aware of the devastating consequence of this objection for his Argument from Insight, even in its modified version, and if so what was his reply to it? The following passage from Freud's writings shows his deep appreciation of the problem.

"This is the objection that is most often raised against psychoanalysis, and it must be admitted that, though it is groundless, it cannot be rejected as unreasonable. If it were justified, psychoanalysis would be nothing more than a particularly well-disguised and particularly effective form of suggestive treatment and we should have to attach little weight to all that it tells us about what influences our lives, the dynamics of the mind or the unconscious. That is what our opponents believe; and in particular they think that we have 'talked' the patients into everything relating to the importance of sexual experiences - or even into those experiences themselves - after such notions have grown up in our own depraved imagination".⁴²

And what was his reply to this objection? There are occasions when Freud simply denies the occurrence of suggestion in the process of analysis, as in the following:

"The danger of our leading a patient astray by suggestion, by persuading him to accept things which we ourselves believe but which he ought not to, has certainly been enormously exaggerated. I can assert without boasting that such an abuse of 'suggestion' has never occurred in my practice".⁴³

But on other occasions he takes the danger of suggestion more seriously and tries to argue against it in a more systematic way, rather than just dismissing it dogmatically. He was quite aware that certain phenomena which take place in the process of therapy produce a fertile ground for suggestion and therefore the possibility of influencing the patient by means other than this acquisition of veridical insight into his problems. The biggest danger of suggestion comes, in his view, from the phenomenon of transference, when the patient develops a strong feeling of affection for the psychoanalysts referred to as a positive transference. We are told that when a positive transference has developed

"the patient, who ought to want nothing else but to find a way out of his distressing conflicts, develops a special interest in the person of the doctor. Everything connected with the doctor seems to be more important to him than his own affairs and to be diverting him from his illness. For a time, accordingly, relations with him become very agreeable; he is practically obliging, tries wherever possible to show his gratitude, reveals refinement and merits of his nature which we should not, perhaps, have expected to find in him... If the doctor has an opportunity of talking to the patient's relatives, he learns to his satisfaction that the liking is a mutual one. The patient never tires in his home of praising the doctor and of extolling ever new qualities

in him. 'He's enthusiastic about you', say his relatives, 'he trusts you blindly; everything you say is like a revelation to him'. Here and there someone in this chorus has sharper eyes and says: 'It's becoming love, the way he talks of nothing else but you and has your name on his lips all the time'.⁴⁴

Freud is quite open here about the possibility of the interpretation being accepted by the patient because the transference, operating like suggestion, confers a special authority upon the analyst, and not because what he is told by the psychoanalyst is in fact true. Being aware of this fact, how could he claim none the less that the psychoanalytic session is a good ground for validating clinical hypotheses? Freud was convinced that there is a solution to this problem available to the psychoanalyst. Although it might be true that suggestions are transmitted in the transference situation, the analyst tries to resolve the transference phenomenon by interpreting the patient's behaviour and feelings towards himself, just as he interprets the rest of his behaviour, such as symptoms, dreams and errors. By doing so he removes the irrational affective bond of the patient towards himself, from which suggestion gains its power. In other words because of the resolution of transference, psychoanalysis is capable of freeing itself from the power of suggestion. However, the transference is not the only phenomenon in which the danger of suggestion is inherent. It is not only the patient who develops certain attitudes towards the authority figure, the psychoanalyst too may develop some attitudes, of which he might not be fully aware, but which are unwittingly influenced by the patient. Thus constitutes what is called "counter-transference" reaction, of which Freud wrote

"Other innovations in technique relate to the physician himself. We have become aware of the 'counter-transference', which arises in him as a result of the patient's influence on his unconscious feelings, and we are almost inclined to insist that he shall recognise this counter-transference and overcome it".⁴⁵

So the psychoanalyst is far from being an objective impersonal mirror; what he communicates to the patient by verbal and non-verbal means is influenced by his own attitudes and personality. Since acting upon these influences is repeated for months or even years the response he gets from his patient is inevitably influenced by these factors. In the extreme case he may merely elicit confirmation of evidence he himself has introduced. Is there any solution to this problem? According to the orthodox view, counter-transference can be eliminated by means of personal analysis of the psychoanalyst himself. Such "personal analysis" is an important part of the analytic training which enables the analyst to acquire a resistance towards the phenomenon of counter-transference and thus to prevent his subjective influence upon the patient from taking place. In other words, neither transference nor counter-transference exert their influence in practice, thanks to the safeguards adopted against them, according to Freud.

But the assumption that both transference and counter-transference phenomena could be entirely resolved and the force of suggestion entirely eliminated raises some doubts. In fact it has been questioned by some of Freud's own followers. E. Glover, for instance, was convinced that "despite all dogmatic and puristic assertions to the contrary, we cannot exclude the transference effect of 'suggestion through interpretation'".⁴⁶ L.S. Kubie had similar doubts about the possibility of the entire resolution of counter-transference, when he wrote

"no therapist can be a wholly detached and objective person. In analysis we strive to achieve an attitude which Ernest Jones characterised as one of 'benevolent curiosity', but I doubt that any analyst can spend months and years with his few patients without investing in each of these therapeutic odysseys an enormous amount of hope and eagerness as well as deep feelings. If he claims that the outcome is a matter of indifference to him, he either fooled himself or else should not be an analyst, because such indifference would indicate a pathological withdrawal of feeling from the fate of his patients and from years of effort. Therefore, in spite of efforts to be objective, the good therapist will always be in some measure an ax grinder."⁴⁷

It is interesting that Freud too, despite his denial on many occasions of the presence of suggestion in the analytic treatment, admitted at the end that a certain degree of suggestive influence might be allowed to take place after all. In Lines of Advance in Psycho-Analytic Therapy we read:

"It is very probable, too, that the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion; and hypnotic influence, too, might find a place in it again, as it has in the treatment of war neurosis. But, whatever form this psychotherapy for the people may take, whatever the elements out of which it is compounded, its most effective and most important ingredients will assuredly remain those borrowed from strict and untendentious psychoanalysis".⁴⁸ (my italics).

So far we are left with the conclusion, with which Freud himself would seem to agree, that suggestion is very likely to have some share in the therapeutic transformation of the patient, although its influence doesn't exceed that which can be expected from the characteristically psychoanalytic techniques. But this is hardly a satisfactory solution to

our problem. There are important questions still to be answered. What degree of suggestion would disqualify psychoanalysis from being an acceptable method of validation of psychoanalytic hypotheses? Might it not be the case that the influence by means of suggestion could be much bigger than Freud himself thought it was, if not actually being the essence of what provides a successful therapeutic outcome? In order to achieve an adequate understanding of these difficulties, it is useful to appeal to the notion of placebo. Originally, the term 'placebo' has been applied to inert drugs, such as sugar pills, given to the ignorant patient instead of a real drug, in order to see whether the reaction is similar to that produced by non-inert drugs, such as aspirin. In medical dictionaries placebo is usually equated with the psychological, as opposed to physical, mechanism of action. However, when the notion of placebo is introduced to psychotherapy, which operates through psychological mechanism only, the method of defining placebo in terms of psychological mode of action couldn't be satisfactory any longer. Various attempts to provide a better definition of placebo, applicable also to psychological treatment, has been made recently. A.K. Shapiro and L.A. Morris, for example, propose the following definition "A placebo is defined as any therapy or component of therapy that is deliberately used for its nonspecific, psychological, or psychophysiological effect, or that is used for its presumed specific effect, but is without specific activity for the condition being treated". In turn, "The placebo effect is defined as the psychological or psychophysiological effect produced by placebos".⁴⁹

The key concept in this definition of placebo is that of "specific activity", which is understood as "the therapeutic influence attributable solely to the contents or processes of the therapies rendered".⁵⁰ But this definition of placebo was criticised by A. Grünbaum, according to whom, the generic distinction between placebos and non-placebos

has nothing to do with the contrast between specificity and non-specificity, for the following reasons. The placebo can have an effect on a particular disorder as sharply specified as that of non-placebo. For example, a patient who is given a sugar pill for the treatment of his headache can have as complete headache relief as he would have if, for instance, aspirin, was put into his food without his knowledge. And if both sugar pill and aspirin can produce the same effect, it is rather misleading to describe it as nonspecific in one case while calling it specific in another. Secondly, often certain factors a given theory is referring to are labelled as nonspecific just because of the inability of that theory to spell out a causal mechanism through which they operate. Thus the term "nonspecific" becomes synonymous with "unknown". In order to avoid confusions generated by such usage of these terms Grünbaum gives instead the following generic definition of placebo: "With respect to the target disorder D, the treatment modality t belongs to the genus placebo if, and only if, its characteristic constituents fail to be remedial for D."⁵¹ The constituents of treatment different from characteristic ones are referred to in turn as "incidental" rather than "nonspecific" by him. Thus the key notion of this definition of placebo is that of "characteristic activity" and any treatment which operates through incidental rather than characteristic factors, independent of whether it is administered to the patient wittingly or unwittingly, qualifies objectively as placebo in Grünbaum's view. However, there is a difference between a case where the doctor believes that he is giving the placebo treatment to his patient and he is right in believing so, and a case where he is convinced that nonplacebo is being given but he is in fact mistaken. In order to preserve this difference Grünbaum makes a distinction between the two species of placebo, namely, intended placebo in the former case and inadvertent

placebo in the latter. Intended placebo is characterised by him as follows:

"A treatment process *t* characterised as having constituents *F*, but also possessing other, perhaps unspecified, incidental constituents *C*, will be said to be an intended placebo with respect to a target disorder *D* and a dispensing practitioner *P* if and only if the following conditions are jointly satisfied: (a) none of the characteristic treatment factors *F* are remedial for *D*, (b) *P* believes that the factor *F* indeed all fail to be remedial for *D*, but (c) *P* also believes that *t* is nonetheless therapeutic for *D* by virtue of containing some perhaps even unknown, incidental factors *C* different from *F*, and (d) *P* abets or at least acquiesces in the patient's belief that *t* has remedial efficacy for *D* by virtue of some constituents that belong to the set of characteristic factors *F* in *t*".⁵²

An inadvertent placebo is on the other hand specified as follows:

"A treatment process *t* characterised by having constituents *F*, will be said to be an inadvertent placebo with respect to a target disorder *D* and a dispensing practitioner *P* if and only if each of the following three conditions is satisfied: (a) none of the characteristic treatment factors *F* are remedial for *D*, but (b) *P* credits these very factors *F* with being therapeutic for *D* and indeed deems at least some of them to be causally essential to the remedial efficacy of *t*, and (c) the patient believes that *t* derives remedial efficacy for *D* from constituents belonging to *t*'s characteristic factors".⁵³

How can we determine whether a particular form of treatment is placebo or not? It can be done on the basis of the relevant controlled experiments, which in the case of chemotherapy are quite a straightforward matter. It is useful to give an example of such a controlled study. We can quote here a study made by Cole (1964) concerning the effects

of phenothiazines, known also as antipsychotic drugs, on schizophrenic disorders.⁵⁴ In this study the patients, diagnosed as schizophrenic, who were newly admitted to nine different hospitals were randomly assigned to take one of four drugs. Three of the drugs were different types of phenothiazine, which is believed to be effective in managing schizophrenic disorder because of its ability to block impulse transmission in the dopaminergic pathways of the brain, and the fourth was a placebo. The experiment was conducted on a double-blind basis, i.e. both the patient and the doctor administering the drug being ignorant of its real nature. It is quite important for the control study to be conducted in this way, because a single-blind approach faces a danger of the physician contributing to the effectiveness of the therapy because of his knowledge that the patient is given a real drug or reducing its effectiveness if he is aware that the patient is receiving a mere placebo. Now, as far as the drug dosage is concerned the physicians in charge were allowed to adjust it to meet each patient's need. During and after six weeks of treatment, three different measures were made of each patient: daily observations by ward personnel, a comprehensive rating by physician and nurse of the severity of mental illness and improvement, and a one-hour diagnostic interview. These measurements concerned twenty-one variables such as social participation, confusion, irritability, auditory hallucinations, etc. The ratings of improvement were as follows. None of the patients on any of the phenothiazines was rated as worse, 5 percent were rated as having shown no change, and 95 percent were rated as improved, with 75 per cent of them considered much or very much improved. Of the patients on the placebo, 15 per cent were rated as worse, 25 per cent as having shown no change, and 60 per cent as having improved, but only 10 per cent of those who improved were in the "very much" category. Since the fruitful effects produced by the use of the phenothiazine drugs were significantly bigger than

those produced by the placebo drug we have good reasons to believe that phenothiazine has some characteristic features which are remedial for schizophrenia and therefore isn't an inadvertent placebo with respect to this disorder.

Let us apply now the concept of placebo to psychoanalytic therapy. Suppose that psychoanalysis is a combination of characteristic and incidental factors, i.e. apart from the interpretations there are other factors, most of all suggestion which contribute to the cure or improvement of the patient's condition, a possibility which Freud himself was prepared to accept at the end. Does this imply that psychoanalytic treatment is placebo? It depends on how broadly the notion of placebo itself is defined. In the literature, a distinction is sometimes made between pure and impure placebos. A treatment which is devoid of any characteristic components is called a pure placebo, whereas therapy that contains a combination of incidental and characteristic factors is referred to as impure placebo. This distinction is based on a very broad definition of placebo, according to which any contribution from the incidental factors is enough to qualify a treatment as placebo. Grünbaum, on the other hand, suggests a much more restrictive definition of this term, according to which, a treatment belongs to the genus placebo when none of its characteristic factors are remedial for the given treatment. Therefore any therapy whose characteristic factors comprise at least some that are therapeutic for the relevant disorder wouldn't qualify as placebo, in his view. And there are good reasons for accepting his, rather than a very broad definition of placebo, because of the following. Very often the therapeutic efficacy of a nonplacebo, such as the treatment of schizophrenia by antipsychotic drugs, is enhanced by the incidental factors such as the physician's enthusiastic attitude and the patient's positive expectations, contributing in this way to the conquest of schizophrenia. If a very broad definition of placebo

were accepted then this and other kinds of chemotherapy would qualify as placebo, even if only impure. What's more, since the presence of the incidental factors cannot be excluded from any kind of medical treatment, the whole of medicine would be placebo (either pure or impure). And thus the notion of placebo instead of helping to clarify the whole issue would make it even more obscure, while Grünbaum's definition of placebo can serve better our purposes. Now, if it is indeed the case that psychoanalytic interpretations comprise at least some factors which are therapeutic for neurosis, as the psychoanalysts think they do, psychoanalytic treatment is not placebo, according to Grünbaum, however big the contribution from incidental factors, such as suggestion, might be.

Suppose, however, that the psychoanalysts are entirely mistaken about how they score their successes and that what provides a good therapeutic outcome is in fact reducible to the incidental factors alone, a possibility which couldn't be ruled out a priori. If this were indeed the case the psychoanalytic treatment would be a placebo, strictly speaking, an inadvertent placebo in relation to Freud's therapeutic claims. The logical consequence of the analytic success being placebogenic for the Argument from Insight is obvious. It is sufficient to discredit even the modified version of this argument for the following reasons. According to the modified version of the Argument from Insight, the cure of neurosis in the patient receiving psychoanalytic therapy depends causally on veridical insight reached by means of interpretations. But the placebo hypothesis implies that psychoanalysts are entirely mistaken in attributing remedial potency to veridical insight, because what is responsible for the successful outcome of psychoanalysis has nothing to do with insight and interpretations but with incidental factors, such as suggestion or some other such factors. Thus contrary to the psychoanalysts' conviction, veridical insight is not a necessary

condition for the conquest of neurosis by means of psychoanalytic therapy. And if so, even the most successful outcome of the psychoanalytic treatment wouldn't show anything about the actual truth of the interpretations given to the patient. To face this challenge the psychoanalyst cannot simply deny that what they practice is not placebo, even if they do it in good faith; what is needed is a proper control study, like that used in chemical therapy. Can such a study be arranged? We have learned how it was done with respect to phenothiazine drugs used for the treatment of schizophrenia. Can an analogous control study be arranged with respect to psychoanalytic therapy as well? In Cole's study a control group of schizophrenic patients instead of being given a phenothiazine drug received a fake pill, a fact they themselves and the physicians in charge were entirely ignorant about. In the psychoanalytic control study something analogous would be providing the patient with a pseudoinsight, looking true to him and thus accepted by him, despite its falsity. Since it could be the case that the analyst practising Freudian therapy in the presumably mistaken belief that what is therapeutic about it is the patient's acquisition of veridical insight is more convincing, and therefore more successful than his colleague who knows that he is administering a placebo, a double-blind approach is needed, just as in Cole's study. So far so good. We have a close analogy to the control study in chemotherapy, but the question is whether something of this kind can indeed be arranged with respect to psychoanalysis. In the chemotherapy case it is possible to keep the physician ignorant about the nature of the treatment he is providing, because a fake pill and real drug look exactly alike. The difference can only be established by examining the chemical composition of both substances, which can be done by an independent party. In the psychoanalytic case the situation is quite different. If an "insight" looks genuine to an independent observer it is very likely to look the same

to the psychoanalyst in charge of the case, or if it is obviously false the psychoanalyst would be able to tell it as easily as the independent party. There isn't, therefore, any way in which the psychoanalyst in charge can be kept ignorant of the nature of the "insight" he is giving to his patient. For this reason, the double-blind approach, so important in control studies, doesn't seem to be possible here.

What's more, even a single-blind control study faces some difficulties. Suppose the psychoanalyst tries his best to give his patient false interpretations, in order to provide him with pseudoinight for control purposes. To do that he cannot, however, tell him any sort of nonsense because the patient simply wouldn't believe it. In order for the interpretations to be acceptable to the patient they have to look verisimilar and have some significance for him. But how can you tell a person something which sounds verisimilar and significant, and yet avoid giving him some true interpretations, or at least interpretations getting at the truth. We cannot be entirely sure, therefore, that despite the psychoanalyst's attempt to the contrary, some true interpretations may not be transmitted to the patient after all and may make some difference to the outcome of his treatment. A control study in psychoanalysis, or indeed in psychological treatment in general, is so difficult to arrange, if it can be arranged at all, because there are too many variables involved which cannot be manipulated and isolated as in the case of physical treatment, and we are still quite ignorant about which factors within the incidental and characteristic class are remedial for the disorder in question. All this explains why despite various attempts to introduce control studies into psychoanalysis we are still left in doubt about whether psychoanalytic therapy is a placebo or not and we cannot be sure that future attempts will dispel our doubt in a definite manner. So any successful outcome of psychoanalysis cannot be used as an evidence that the interpretations given to the

patient were in fact true. As one of Freud's followers had himself observed "therapeutic success or failures do not provide dependable evidence for the accuracy or inaccuracy of a theory... there is no constant or easily predictable correlation between the accuracy of a theory and the therapeutic results achieved by its application".⁵⁵

The view that if psychoanalysis works, there must be some truth in it (or none if it fails) is still quite widely accepted despite all these difficulties. What is responsible for this seems to be the following. The assumption is made that since psychoanalysis is a treatment for mental disorders, it must be similar to medical treatments in general. The theories of general medicine usually postulate certain aetiologies of disorders, and on the basis of these aetiologies suggest what type of treatment should be adopted. For instance, if a particular disease is believed to be caused by a bacteria, the theory might suggest that those bacteria can be got rid of, and thus the disease cured, by means of some antibiotic, such as penicillin. If the treatment works, we have good reason to believe that the causes of the disease were identified correctly. The situation in psychoanalysis, or indeed in psychotherapy in general, seems to be very similar. Psychoanalytic doctrine also postulates a certain aetiology of neurotic disorders and suggests what type of treatment should be adopted for their cure. By analogy with general medicine, therefore, it seems plausible to suggest that if psychoanalytic treatment is successful there must be some truth, or approximation to it, in the psychoanalytic account of the causes of the neurotic disorder.

However, this analogy might not be as close as it seems to be. In fact there is some reason to believe that certain situations from ordinary life might provide a better analogy for psychoanalysis than those from general medicine. Our experience teaches us that sometimes

some entirely false beliefs can change our mental state and behaviour, while the truth might leave us entirely unaffected. For example, a false belief that a certain animal is harmless may stop a person's fear of it entirely, whereas being told truly on another occasion that something is not dangerous may leave the person entirely unaffected, even if it is still the case in general that what is true might be more acceptable or convincing to the person and, therefore, more effective in some cases at least. It's likely that a similar situation can occur in psychoanalysis. True interpretations might on some occasions leave the patient entirely unchanged, whereas false ones might make a big difference to his mental state and behaviour, even if on balance true interpretations, because of their being more convincing, might be more often effective than false ones. Because of all this, it is very important to make a distinction, as J.O. Wisdom does, between the "enactivity" of the interpretation and its truth, where enactivity is understood as the power to bring about some relevant changes.⁵⁶ Since enactivity and the truth of the interpretation do not always go hand in hand, the successful outcome of psychoanalysis, although a good test for the former, is not so good for the latter. To test the correctness of the interpretations we still have to discriminate between interpretations that are enactive and true, and interpretations that are enactive and false. But to do that we have to appeal to something independent of the successful outcome itself, such as the coherence or dissonance of particular interpretations with other interpretations of the same kind, as suggested earlier. When symptoms, or other pieces of behaviour, have reasonably clear content we can sometimes arrive at plausible interpretations of them independently of the psychoanalytic therapy, as Freud himself occasionally did. If these interpretations enable the psychoanalyst afterwards to cure the patient, when they are later applied in psychotherapy, their

successful outcome can be used in turn to reinforce his original claim. But a successful outcome alone, contrary to some beliefs, doesn't give much evidential support for the correctness of the relevant interpretations.

(B) Experimental Ways of Testing the Hypotheses of Unconscious Mental Processes.

The commonsense way of validating interpretations in terms of unconscious mental processes, or the attempt to validate them by successful therapeutic outcomes are not, however, the only alternatives available to us. Since the beginning of this century a large body of non-clinical experimental inquiry into unconscious phenomenon has been accumulated. It is interesting to see whether experimental methods are more reliable than the traditional case-study method, and what kind of implications follow from them. Freud himself, however, seemed to be quite critical of the experimental approach to psychoanalysis. When he was informed by a psychologist called Rosenzweig about the latter's experimental work concerning the hypothesis of repression, despite the fact that this experiment was claimed to have favourable implications for his doctrine of repression, he replied as follows:

"I have examined your experimental studies for the verification of the psychoanalytic assertions with interest. I cannot put much value on these confirmations because the wealth of reliable observations on which these assertions rest make them independent of experimental verification. Still, it can do no harm."

Although Freud doesn't give much argument here for rejecting an experimental approach to psychoanalysis, it is very likely that he, or at least some of his followers, did so on the ground that the phenomena occurring

during the psychoanalytic session cannot be reproduced in experimental conditions. It is indeed difficult, not just in psychoanalysis but in psychology in general, to reproduce in the experimental setting phenomena which occur naturally. But if something approximating to the natural phenomenon can be reproduced we shouldn't dismiss it. In fact Freud himself was very impressed by Charcot's demonstrations of hypnotic phenomena, which were claimed to be an artificial creation of an experimentally induced neurosis, and accepted their relevance for the investigation of neurotic symptoms which occur naturally. What's more he once said of his followers, not with condemnation but quite clearly with approval, that "In this manner Bleuler and Jung built the first bridge from experimental psychology to psychoanalysis".⁵⁷ This suggests that, despite some assertions to the contrary, Freud didn't dismiss the experimental approach to psychoanalysis altogether; but even if he had done so, we don't have to follow him, because properly arranged experiments are not only relevant to psychoanalytic inquiry but can also help to clarify the problems in question. The number of experimental studies concerning the hypothesis of unconscious mental processes is enormous and a systematic survey of them can be found in P. Kline's book Fact and Fantasy in Freudian Theory,⁵⁸ in a paper by C. W. Eriksen and J. Pierce "Defense Mechanisms"⁵⁹ and elsewhere. What we are going to do here, however, is to concentrate on those experiments which in our view best satisfy the requirements of scientific inquiry, and are most relevant to the psychoanalytic doctrine of unconscious mental processes.

Experiments often quoted in the literature as relevant to the hypothesis of unconscious mental processes, and to the concept of repression in particular, are studies in perceptual defence. The concept was first introduced by Bruner and Postman to refer to a phenomenon revealed on the basis of the following experiment described in their paper "Emotional selectivity in perception and reaction".⁶⁰ They presented

the subjects with two kinds of words visually by means of a tachistoscope. One kind were emotionally disturbing words and the other kind consisted of neutral words. They found that the perceptual threshold for the disturbing stimuli was much higher than for neutral ones, i.e. it took longer for the subjects to recognize emotionally disturbing words. Since then the concept of perceptual defence has been used to refer to such raising of the perceptual threshold for anxiety-provoking stimuli. It goes without saying that for this kind of experiment to have any empirical value, the two kinds of words have to match in relevant ways, such as familiarity, word length and anticipation. Although Bruner-Postman's experiment satisfied some of these conditions it was unable to avoid some other methodological difficulties. Firstly, it didn't eliminate the danger of voluntary suppression of anxiety-provoking verbal stimuli. It could be the case that the subject was able to recognize these words as easily as neutral ones, but was reluctant to say them immediately. Secondly, the study also failed to eliminate the so-called effect of set, i.e. when the subject is presented with taboo or embarrassing words he requires greater certainty that he is correct before reporting them and thus his recognition-threshold could increase, but not directly because of the anxiety-provoking nature of the relevant verbal stimuli. But the work of Bruner and Postman inspired further experiments of greater methodological sophistication, like that of Dixon for example.

In his experiments Dixon used a special method, known as a closed loop control, in order to avoid the methodological difficulties faced by his predecessors, although the rationale behind his experiments was much the same. The subjects from his experiments were looking through a stereoscope at a screen divided into two parts, each part visible to one eye only. The left eye of the subject was presented with two spots of light - one brighter than the other. The subject could control the brightness of the two spots and he was asked

"to press the button until the dim spot of light has completely disappeared, releasing it again as soon as the bright spot begins to disappear. When the bright spot reappears, press the button down again before the dim spot appears. In other words by pressing and releasing the button you should so contrive it that you can just see the brighter of the two spots but never the dimmer one".⁶¹

Simultaneously the right eye was subliminally presented with words. The purpose of all this was to maintain a more or less constant level of subliminality despite fluctuations in the awareness threshold. So if the perceptual threshold of the subject rises after the subliminal appearance of a word he increases the brightness of the spot, if on the other hand the threshold falls he lowers it. All the threshold differences are measured by the kymograph. Such a method avoids the danger of a voluntary suppression of words by the subject, since he is not required to give any verbal responses. The problem of set doesn't arise here either, thanks to the subliminal presentation of material. Using this method Dixon conducted a series of experiments. In one of them a group of subjects consisted of 10 males and 10 females. The neutral words presented to them were 'rider' and 'weave', whereas 'whore' and 'penis' were supposed to be anxiety-provoking words. These words were presented in a different order for each group. The experiment was supposed to test some of the following hypotheses: that the differential visual threshold for the left eye would be raised when an "emotional" as opposed to neutral stimulus was presented to the right eye at subthreshold intensities, and also the hypothesis that threshold changes brought about by "emotional" stimulus material would to some extent be a function of the sex of the percipient. The results of the experiment were as follows:

"Generally higher threshold tended to coincide with the presentation of the taboo words and lower threshold

with neutral words. The direction of threshold change tended to be consistent for any one subject... Similarly we have seen a significant and from a commonsensical point of view, comprehensible difference between the response of men and women to a word such as 'whore' whose emotional connotations are obviously different for the two sexes".⁶²

For women the word 'whore' tended to coincide with higher perceptual threshold. Since these effects were predicted by the perceptual defence hypotheses, the results of the experiment were regarded as providing conclusive evidence for perceptual defence. Further, more recent, experiments by Dixon suggested a similar conclusion.

How is all this relevant to the Freudian concept of repression and his hypotheses of the unconscious mental processes? Bruner and Postman, who first introduced the concept of perceptual defence, argued that repression serves to keep emotionally disturbing words out of consciousness. Such an observational inference was never made by Freud himself from his doctrine, however. He merely suggested that becoming unconscious of certain impulses leads to distortion and blind spots in the memory traces of the subject. It also produces an inability to understand the meaning of the symptoms and other pieces of behaviour, as well as inability to associate freely whenever the unconscious material becomes activated. This suggests that becoming unconscious of something has some perceptual concomitants and, therefore, the phenomenon of perceptual defence is relevant in some general way to the hypotheses of unconscious mental processes and that of repression. Can we say that experiments in perceptual defence provide conclusive support for the psychoanalytic hypotheses? It would be too strong to claim that. The observable consequences shown in perceptual defence don't really follow from Freudian doctrine. It is also arguable that although emotionally disturbing words, such as 'whore' and 'penis' might indeed

generate some anxiety in the subjects, this anxiety is not equivalent to that experienced by neurotic patients, where the integrity of the whole personality is usually at stake and thus the reaction is much stronger. But it would be too dismissive to suggest that Dixon's findings are entirely irrelevant to Freud's claims. They provide weak support for

hypothesis of the unconscious mental processes and the doctrine of repression, because they suggest that some kind of internal control mechanism, similar to the one postulated by Freud, is switched on when the person is faced with an anxiety-provoking situation.

A different interesting contribution to the investigation of unconscious mental processes by experimental methods was made by the Russian psychologist A. Luria, and described in his work The Nature of Human Conflicts.⁶³ He studied human behaviour under conditions of acute psychological affects and introduced techniques for detecting disturbances in such behaviour. Among the different conditions he examined were the states of acute affect in students before examination, the affect of the situation connected with "cleansing" or "purgation" in the higher schools after the revolution, and affects in criminals. These were examples of affective states created by real life situations. Then he examined affects produced under hypnosis by means of suggestion, and artificially created conflicts in waking subjects. These experiments were designed to show a reciprocal relationship between normal and disturbed verbal behaviour and its connection with voluntary and involuntary motor responses. To do that he introduced the following method. The subjects in different experiments were asked to react to the situation connected with affect either by giving a single association to each word spoken by the experimenter or by producing a chain of free associations and at the same time squeezing a pneumatic bulb with the right hand. Simultaneously they had to maintain a quiet posture with the left hand. The active motor responses of one hand

and the postural responses of the other hand as well as respiratory changes were registered on a kymograph. The verbal responses of the subjects were also recorded and examined in a systematic way. The reason for combining speech response with motor and respiratory reaction was to obtain a complete representation of the structure of the affective process which cannot be revealed by examining one system only.

The part of Luria's study which is directly relevant to the problem of unconscious mental processes is his investigation of unconscious complexes produced by means of suggestion in the hypnotized subjects. He hoped that by artificially creating an affective complex under hypnosis he can produce "a model of an unconscious complex" occurring naturally in the neurotic patients. Freud and his followers were faced with in their daily practice. A study of an artificially implanted strong affective state gives the experimenter various advantages because he knows it in detail, he can better control it and therefore it is easier for him to record and examine all the factors forming the affective reaction. In order to create the feelings of important intensity and stability, like those occurring in real life, the person under the test, while in a sufficiently deep hypnotic state, was given a disagreeable suggestion in which he was playing a role irreconcilable with his moral standards and contrary to his usual behaviour. The hypnotic session was followed either by spontaneous or suggested amnesia. One subject, for instance, a 20 year old student of obstetrics, was given the following suggestion:

"You have graduated in obstetrics and started to work in an maternity hospital. You are at home and a woman comes to see you and asks you to produce in her an abortion so that nobody should know it. She offers you money for this. You hesitate, because this is against the law. The woman implores you with tears in her eyes. You feel sorry for her and you agree. You take your instruments, put them in a suitcase,

and proceed to the sick bed. You ascend a narrow staircase, ring a bell, and an old woman opens the door. You are very excited and start the operation. But immediately a haemorrhage begins and you cannot stop it. You see a pool of blood on the floor. The sick woman is very weak, you have made an error in your operation and you fear for her life..."⁶⁴

That this suggestion was indeed able to produce in the subject a very strong affective state, similar to the emotional conflict experienced by the neurotic subjects or to the traumatic situation experienced by people in general, was indicated in the following way. She received it with active objections and was unwilling to accept it at once, just as other subjects in these experiments did. Some went even further by refusing to accept the suggestion altogether and their reaction was later compared with the behaviour of those who accepted it at the end. She also showed some restless defensive movements and trembling during the hypnotic sleep when the suggestion was given to her, and there were subjects who reacted to the suggestion with tears. After waking up from the hypnotic state the subject declared that she didn't feel very well, although she was unable to explain this change in her feelings. All that implies that in spite of the strong affective nature of the suggestion it appears to be entirely disconnected from the person's consciousness just as in the neurotic states described by Freud.

The test in each case in these experiments consisted of three parts. Firstly, before the suggestion was made, the subject was presented with a number of word-stimuli, a part of them having a direct bearing on the complex to be introduced later, and his verbal as well as motor reactions were recorded. Then the subject was asked to produce free associations and these were recorded too. In the second part the same operation was repeated after the suggestion has been made to the person under test. And finally, he was hypnotized again and the original

suggestion removed. Following the resolution of suggestion he was tested again in the same way. The experiment was designed in this way in order to have control data before and after the suggestion. Now, two kinds of associations have been used in this experiment. One consisted in presenting the subject with verbal stimuli and asking him to react to them, while in another he was asked to associate freely. Both of them are used in psychoanalysis. The former, known as a word association test, was introduced and regularly used by Jung, although he never combined it with motor reactions as in Luria's case. The word association test, apart from other stimuli, usually contains critical stimuli, directly connected with the affective complex, which are deliberately used by the experimenter to provoke the subject's reaction. However, it is possible to introduce critical stimuli only if the observer knows or at least has some idea what the complex in question is. In Luria's experiment this could be easily done because it was the experimenter himself who introduced the complex and therefore knew which stimuli were critical. In natural conditions such knowledge might not be available, however, and the best we can do is to ask the subject to associate freely, hoping that this would reveal his complex somehow. This is precisely the situation which faces the psychoanalysts in their work. In order to make his experiment as close as possible to the real situation in psychoanalysis, i.e. to construct an "experimental psychoanalysis" as Luria himself put it, he asked his subjects to produce free associations before and after the suggestion. Let us see now what happened when the student of obstetrics, quoted earlier, was tested.

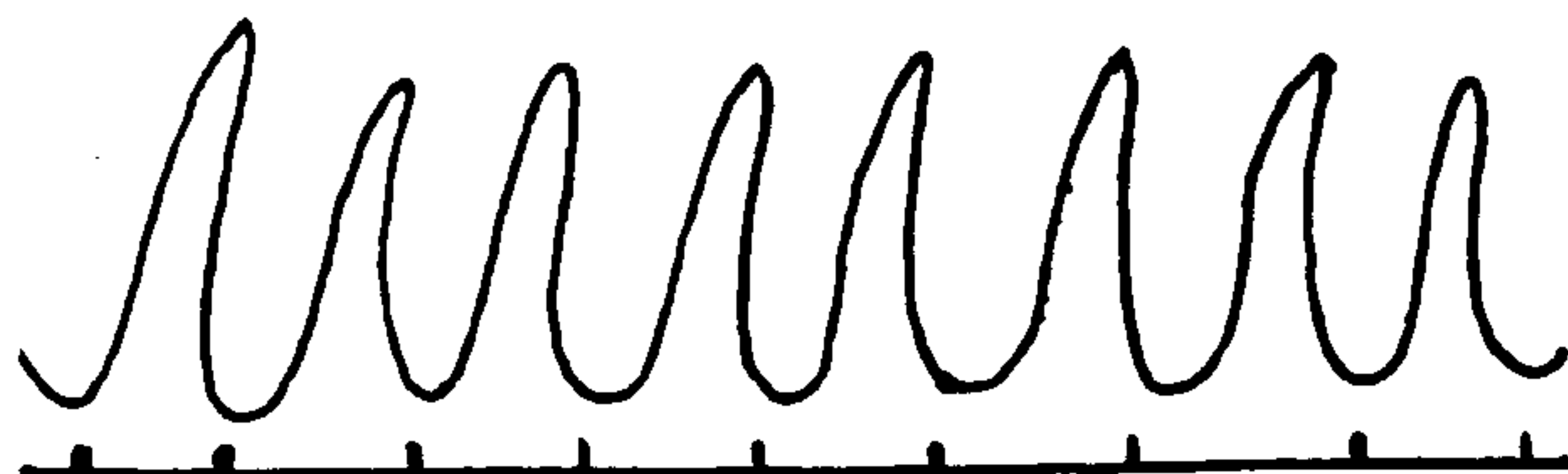
Before the suggestion of performing an illegal abortion was made to her she produced the following series of free associations:

1	night	2	door	3	quarrel	4	room
5	wall	6	picture	7		8	
9	grass	10	river	11	forest	12	mountain
13	balcony	14	garden	15	flowers	16	lilacs
17	rose	18	nightingale	19	road	20	?
21	pool	21	night	23	stars	24	couch

(Only a part of that series is quoted here). A simultaneous motor reaction of the subject is expressed by this figure.



the curve of the passive left hand fluctuating with the tremor



the curve of the active right hand
the line of speech reaction

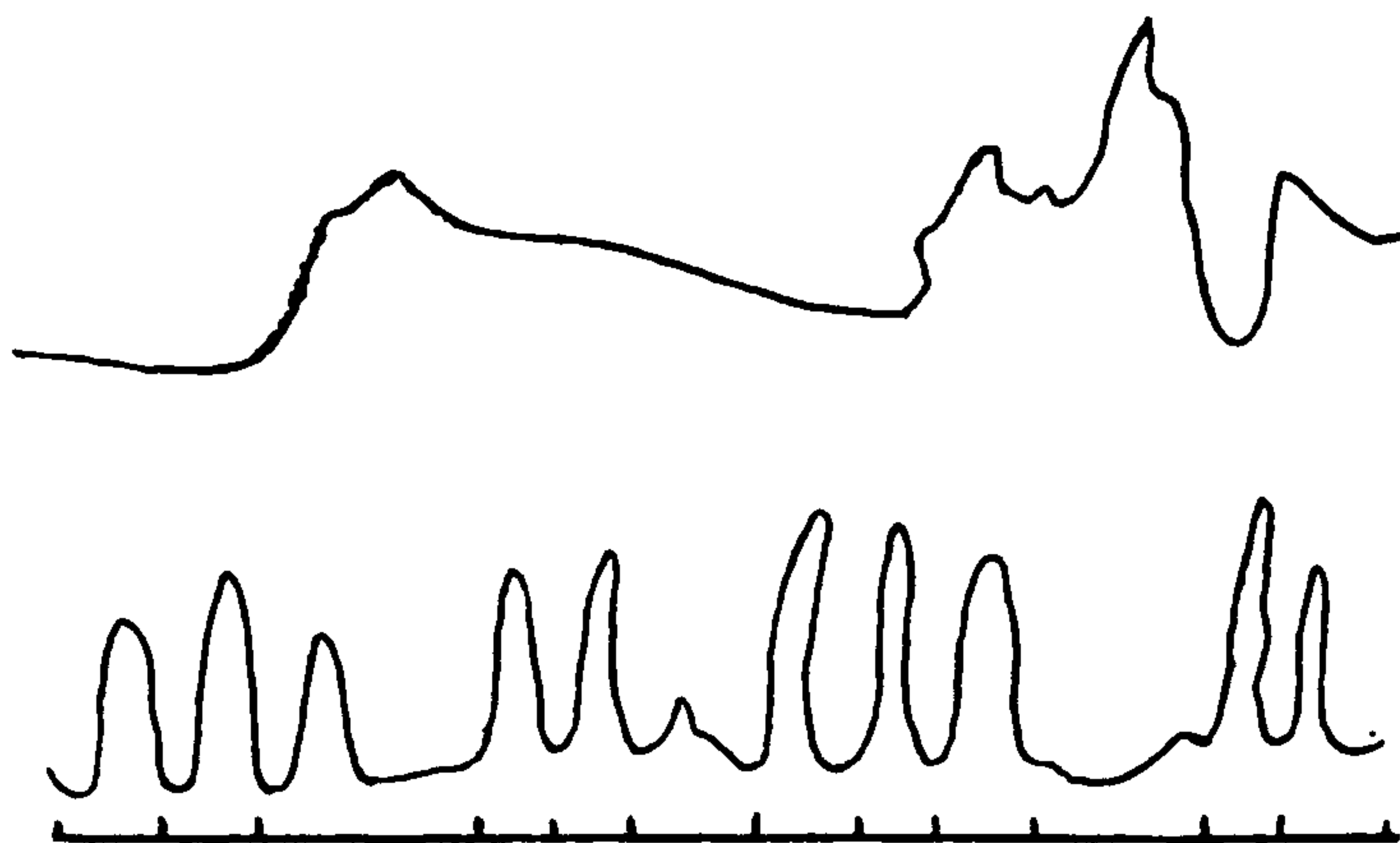
It represents a normal picture of the associative process with steady fluctuation of the reactive time. The curve of the right hand is smooth in the latent period, giving a regular rise associated with the speech reaction. The left hand of the subject doesn't show any sharp fluctuations either.

After the suggestion the subject produced the following chain of free associations:

1	night	2	staircase	3	table	4	book
5	clay	6	rain	7	icicle	8	pool
9	month	10	building	11	garden	12	river
20	glass	21	?	22	<u>operation</u>	23	<u>instruments</u>

24 <u>woman</u>	25 street	26 lamp	27 curtain
28 room	29 cupboard	30 carpet	31 picture
32 chrysanthemum	33 piano	34 singing	35 song
36 girl friend	37 father	38 <u>old woman</u>	39 <u>mother</u>
40 <u>sick woman</u>	41 <u>nurse</u>	42 <u>don't know</u>	43 forest
44 river	45 bride	46 road	47 dress

The figure representing the motor reaction was as follows:



This test shows, according to Luria, that "The affective complex constructed by us, though not yet being conscious, creates an affective state and determines the flow of free associative series."⁶⁵ Although the chain of free associations started in the usual way as previously, an active affect becoming potential, soon the subject without her knowledge and quite unintentionally started to reconstruct the parts of the complex present in her. The affective state showed an insistent tendency to creep into the speech series, despite the attempts to suppress it; i.e. the subject after producing the number of association connected with it (operation, instruments, woman), then produced a series of neutral words, but after a while words connected with the affect crept into her speech again with considerable persistence (old woman, mother, sick woman, nurse). At one stage, when the affect nearly reached the point of becoming conscious, the subject made an even clearer attempt to suppress it by

saying "I don't know what to say". This phenomenon was very familiar to Freud, to which he referred as resistance. His practice taught him that whenever the unconscious material of his patient came to the point of becoming conscious some inhibition or barrier was set up preventing this material from reaching the subject's awareness. It was manifested by the patient's inability to produce further associations, changing the course of associations entirely, his refusal to cooperate and by other such phenomena. Another interesting thing which was revealed by this test is that "The removal of the insulation of the affect from the consciousness and its overt appearance is followed by an acute motor storm, by a model of an affective fit, which breaks down the normal course of the reactive process."⁶⁶ A distinct tremor of the right hand was observed whenever the words, acting as the catalysts, connected with the suggested situation occurred in the subject's speech, the excitement of the right hand was soon switched over to the left hand showing sharp and disorderly movements.

In the third test, after the removal of the complex by means of countermanding it by the hypnotist in the following hypnotic sleep, the subject was able to pass into a considerably more stable chain of reaction than he had before, although some of the symptoms characteristic of the second stage didn't disappear entirely, which suggests, according to Euria, that although the complex was implanted into the subject's personality artificially, the conflict he was going through was felt by him with the same intensity as he would experience in real life. In real life when people go through a strong emotional state, a change in the situation responsible for this state doesn't usually result in an immediate and complete disappearance of the person's feelings either.

Luria's experiments demonstrate quite convincingly that in certain special circumstances connected with hypnosis, there are unconscious complexes which exhibit observable influence on human behaviour. But what is the precise bearing of all this on the verification of Freudian theory? Although Luria's material seems to be very relevant to Freud's claims about unconscious mental processes, it is possible to imagine somebody being impressed by the results of these experiments, but sceptical about psychoanalysis, and who could argue that they have not much bearing, if any, on psychoanalytic claims. Such a sceptic might argue, in particular, that they do not support any Freudian hypothesis about the specific unconscious complexes which are supposed to show up in symptoms, dreams and errors, nor indeed the more general claim that these phenomena are results of naturally occurring non-hypnotic unconscious complexes. The argument could go as follows.

The critics of psychoanalysis often argue that psychoanalytic therapy is nothing more than a particularly effective and well-disguised form of suggestive treatment which "talks" the patient into believing in the importance of some experiences such as sexual ones, or even producing those experiences themselves. In other words the psychoanalysts on this view produce by means of suggestion the very behaviour they are trying to confirm. Luria's experiments show that it is indeed possible to produce unconscious conflicts by means of suggestion. But doesn't that give support to the critics' accusation that psychoanalysts produce the relevant behaviour, and that for this reason we shouldn't believe in their claims about unconscious complexes? However, if both Luria and the psychoanalysts can produce unconscious complexes by means of suggestion, that means that there is at least one kind of unconscious complex, i.e. conflicts produced in this very way. So the psychoanalysts are not mistaken when they say that there are unconscious processes; where they might be mistaken is in claiming that such processes occur spontaneously in their patients. But this latter accusation is questionable too, because the kind of suggestion

which might take place in the course of psychoanalytic therapy is quite different from that used by Luria, and therefore is unlikely to produce the same results, i.e. to bring about the unconscious complex itself.

What are the differences then between the kind of suggestion used in hypnosis and that which might occur in psychoanalysis? Firstly, the psychoanalyst, in contrast to Luria, doesn't tell his subject a story which is obviously false and then try to make him believe in it. Neither does he try to make his patient forget everything that has taken place during the session, as Luria did in order to make his suggestion effective. What the psychoanalyst does is to encourage his patient to talk about himself and his experience, while he listens carefully. So even to start with there is an asymmetry between the two situations. In the hypnotic situation it is the hypnotist who does the talking and the subject listens, while in the psychoanalytic situation there is a reversal of roles. So while the hypnotic subject is entirely passive, the psychoanalytic subject is quite active. The latter is active not merely in the sense that he is allowed to talk, but he can also talk about whatever he wants to or feels like. The psychoanalyst listens to whatever the patient wants to tell him and never asks him to talk about something else; that is one of the rules of psychoanalytic therapy.

So when is suggestion likely to take place in the psychoanalytic therapy, if it occurs at all? The psychoanalyst, although he listens carefully to the patient's free associations, doesn't keep silent all the time. From time to time he makes some comments, and he usually does so when he thinks that the patient said something important. But what the psychoanalyst believes to be important or significant is usually influenced by his theoretical views, for instance, the view that sexual experience has a bigger share in shaping people's personalities than other kind of experience. Thus by making comments about certain kind of free associations and not reacting to others he might unwittingly influence his patient to produce more associations of a certain kind. This sort of

influence doesn't have to be verbal. The psychoanalyst's shifting movements or other noises he makes when the patient says certain kind of things can have a similar influence on directing his communications. As a result it might appear to both of them that ^acertain kind of experience is more important than others, simply because the patient talks more about it.

This is an example of how suggestion can come about in the course of

psychoanalytic psychotherapy. But it is quite clear that this kind of suggestion, if it takes place, is very different from that used by Luria. Although it might produce in the patient a false belief in the importance of some experience, it is difficult to see how it could produce the experience itself, as Luria's suggestion did.

Secondly, an unconscious complex is supposed to occur when the person experiences intolerable anxiety because he has a certain impulse which is incompatible with the standards of his personality. Thus in order to create an unconscious complex we have to make the person feel similar anxiety, and to achieve that, Luria gave his subjects in the state of hypnosis disagreeable suggestions, incompatible with their usual mode of behaviour. So the anxiety experienced by hypnotic subjects, revealed by their reactions, was produced in them quite deliberately by the experimenter. But when neurotic patients come to see the psychoanalyst they are already suffering from anxiety, and often it is the main reason why they seek help in the first place. And the psychoanalyst knows that if he doesn't help his patient to overcome his anxiety at the end of the process he has failed. Of course, during the process of psychotherapy he sometimes cannot avoid generating some anxiety in his patient when he has to tell him some unpleasant truth, which might make the patient feel anxious at the time. But even then the psychoanalyst tries to help the patient to come to terms with this feeling by giving him reassurance, holding back further interpretation until the patient is more relaxed, etc., instead of provoking anxiety deliberately, as Luria did. So what the hypnotist and the psychoanalyst do in relation to anxiety is quite different, and therefore the results they produce

are quite different too. While the hypnotised subjects in Luria's experiments became very anxious as a result of what happened to them during hypnosis, successful psychoanalytic therapy makes its subjects less anxious than they were originally. If the psychoanalyst were, like Luria, creating unconscious complexes in his subject we should have similar results, but this isn't the case. So however else the psychoanalyst might influence his subjects unwittingly it's quite clear that he isn't creating unconscious complexes in them.

Thus the sceptic who dismisses the relevance of Luria's experiments to psychoanalysis cannot be right. Luria's work does provide ^a contribution to psychoanalysis, even if it is difficult to be clear about what kind of contribution it is. What seems to be beyond doubt is the fact that by creating a hypnotic model of naturally occurring unconscious complexes, Luria was able to show that Freud's claims about them are plausible and could be true, even if his experiments have less to offer on the question whether Freud's specific hypotheses are in fact true. Even if this were all Luria could offer to psychoanalysis, he still would have made a good case for taking Freud's claims seriously and not dismissing them out of hand, because what Freud postulates is certainly empirically possible in the light of these experiments. But it is arguable that Luria's contribution to psychoanalysis is more important than that. He provides us with controllable and unambiguous examples of phenomena which are in some important ways like those described by Freud. Freud didn't merely claim that there are unconscious mental processes influencing human behaviour, he also hypothesized about their important features, as did Luria too. It is important to ask, therefore, what bearing experimentally demonstrated features of unconscious complexes have on those described by Freud.

Can they be said to be similar in all important respects, or do they have only some features in common but not others? One of the differences which is noticable immediately is that of contents. The complexes created

by Luria have nothing to do with sexual motives, whereas Freud seemed to believe in the omnipresent role of sexual complexes in neurosis, as is clear from the following passage, for example. "No one, probably, will be inclined to deny the sexual function the character of an organic factor, and it is the sexual function that I look upon as the foundation of hysteria and of psychoneurosis in general".⁶⁷ Luria's reasons, if he had any, for not implanting his subjects with sexual complexes are unknown to us, but I don't see why he couldn't have done so in principle. Thus it should be possible to eliminate this difference, if it is important.

However, Freud's claim about the invariably sexual character of unconscious contents shouldn't be swallowed uncritically. It goes beyond the scope of our immediate interests here to discuss his reasons for holding this view. But what is important to realise is the fact that this belief was far from being derived from empirical observation alone. As his critics often point out, his observations were restricted in important respects, because he was able to analyze systematically only a very small group of patients who were recruited from one kind of social and cultural background. Thus his observation was too limited to justify any such general conclusion. What's more, Freud himself made no secret, on some occasions at least, that although the omnipresent role of sexual complexes in neurosis couldn't be inferred from their frequency or from their intensity, his insistence on them was "influenced by another motive as well, which for the moment is of merely subjective value. In the sole attempt to explain physiological and psychological mechanism of hysteria which I have been able to make in order to correlate my observations, I have come to regard the participation of sexual motive forces as an indispensable premiss".⁶⁸ He needed this premiss because of his ambitious attempt to provide psychoanalysis with biological or even physiological foundations, and he was convinced that the sexual instinct could enable him to do just that. What we should think of such an attempt is a different matter, but what is immediately clear is that Freud's claim wasn't justified by

empirical facts alone. For this reason he has been challenged by some of his own followers, such as Jung, in whose view sexual complexes cannot be said to be the sole specific cause of every neurosis, although they seem to be responsible for some cases. Despite often being dogmatic on this point in his theoretical speculations, Freud was more flexible when it came down to actual practice. He seemed to be well aware from his practical experience that remorse and psychological pain aroused by some nonsexual emotions such as hatred of one's child for instance, can be as distressful as emotions aroused by sexual matters. And when confronted with such cases in practice, as in Frau Emmy von N's instance discussed earlier, he didn't try to appeal to sexual motives to explain the person's symptoms. But even in his theoretical writings Freud wasn't always entirely happy with his biological justification of the role of sexuality as a neurotic "toxin", and this dissatisfaction became particularly apparent when he tried to revise his original theory of anxiety, to which we will pay attention later on. Thus the apparent difference in contents between the complexes created by Luria and those which Freud was interested in is not as serious as it might seem to be.

But there are other important features of unconscious complexes hypothesized by Freud. In his view, such complexes aren't merely charged with strong affects, i.e. being capable of provoking intense anxiety, but they are also irreconcilable with the standards of the subject's personality and would be a threat to his personal integrity if he was fully aware of them. In other words there is usually a conflict between an unconscious impulse and the person's typical mode of behaviour, and it is precisely this conflict which is responsible for the impulse becoming unconscious in the first place, according to Freud. In order for the artificially created complexes by means of hypnosis to be a good approximation to those occurring naturally it is important that they should satisfy this condition too. Was Luria aware of this condition? What he said on several occasions clearly suggests that he was well aware of the differences between mere

external traumas and those resulting from an internal conflict. Thus he wrote:

"However, there are often cases distinctly different from these as to their psychological structure; often we do not obtain such a reaction of the personality to the suggestion made. The suggestion is not accepted by the subject, who feels its contents as an external trauma, and does not bring it into the system of his own behaviour, and does not react to it with a conflict, which is born inside of that behaviour. The psychological picture, which is obtained in these cases, is of considerable interest for the differentiation of the complex from the trauma".⁶⁹

And in order for the suggestion to produce a complex rather than a simple trauma in each case he tried to suggest something which was irreconcilable with the subject's habits and contrary to his usual behaviour, as in psychoanalytic cases.

If there is a real difference between the complex and the external trauma, as both Luria and Freud seemed to believe, we should be able to observe it in a relevant control study. In one of Luria's experiments there was a subject in whose case suggestion given under hypnosis didn't work. When he suggested to her, as he did to several other subjects, that she was going to steal some money from her close friend and that her deed was going to be discovered, she declared that she wouldn't do any such thing, and if she needed any money she would ask for a loan. By saying that in her case suggestion didn't work, Luria means that she didn't come to believe that she had stolen, in contrast to other subjects who despite strong attempts to resist the suggestion couldn't help taking it as their own deed. But although the suggestion failed to produce an actual complex in her case, she was still experiencing it as something traumatic. The suggestion was acting here as an "external violence to the psyche" as Luria puts it. And it is also interesting that her trauma, just like the internal trauma characteristic of the complex, persisted into her waking state, as was revealed by her later reactions, although the picture of her responses was different from that of the subjects with whom Luria was more successful. Her case was used by Luria for control purposes

in order to compare her reactions with those of the subjects who were unable to resist suggestion and who came to accept it as a part of their own deed. The comparison revealed the following differences. In her series of free associations after waking up from hypnotic trance she openly reconstructed the elements of the suggested situation, without any attempts to retard the answers or to inhibit them with neutral reaction, as was the case with those who were unable to resist suggestion. Also the motor reactions of this subject remained entirely normal, in contrast to the accute motor disorganization exhibited by other subjects. However, in her case there was a noticable disturbance in the pattern of breathing, which was quite striking. Every time when the associations reconstructed the element of the suggested situation, the breathing was first retarded and then followed by a sharp impulsive sigh, from two to two-and-one half times deeper than her usual respiration. So the complex produced by internal conflict and a mere external trauma can provoke quite different neurodynamic reactions, which can be summarised as follows.

"We may suppose that if the disturbances in the behaviour, which are connected with the active affect and affective complex, find their place within the system of the active behaviour, directly connected with the motor field; that then the feeling of the trauma has an entirely different psychophysiological structure; the reaction of the human system to it is featured by a greater participation of the vegetative system which is more distinct from the psychological activity of the personality".⁷⁰

Thus Luria was not only aware of the difference between trauma resulting from a conflict and mere external trauma, a difference so important to Freud, but was also able to spell out a precise difference between the two in terms of observable behaviour, improving in this way on Freud himself and confirming the view that certain kind of unconscious processes, very similar to those postulated by Freud, can produce observable effects upon human behaviour.

What's more, Freud arrives at his conclusion that symptoms, dreams and errors are the results of unconscious complexes by using the method of free associations. By applying the same method to artificially induced

complexes, which the experimenter knows are there because he implanted them, Luria was able to demonstrate that these complexes show themselves in behaviour in the way Freud said natural ones do. For example, Freud came to the conclusion that it was possible for the person to be in a state of a strong affect and yet be ignorant of the nature of his feelings or how they came about. In Luria's experiments it was possible to observe systematically a severe disturbance of the motor reaction, a sign that the affect became active, whenever the words connected with the distressful situation crept into the subject's speech, although he was ignorant of their connection with the suggested complex as well as the complex itself. Secondly, Freud has learned from his experience with neurotic patients that asking the person about his feelings directly was of no help whatsoever and that a better clue to the content of his state was provided by his free associations. Luria was able to confirm that free associations do indeed express the content of the hidden complex, while the subject when asked directly can say nothing about it. A number of words given by the subject in Luria's experiment were directly connected with the suggested situation, which was known in detail by the experimenter, so that he would see the connection quite clearly. And finally, Freud's hypothesis of resistance is also consistent with Luria's finding that whenever the affect reaches the point of becoming conscious, an inhibition is set up which prevents the subject from becoming fully aware of it. When, on the other hand, the inhibition is removed, either by countermanding the suggestion or by interpreting and working through resistances as in the psychoanalytic case, some changes in the subject's behaviour become observable. It can be said, therefore, that Luria's work provides some kind of validation for the inferential procedure used by Freud and his followers. By giving us greater reason for trusting Freud's method it also increases our trust in Freud's conclusions, which this method helped him to arrive at. Because if psychoanalytic methods can provide us with the right answers about the existence and content of artificial complexes, which require little in

the way of interpretation and which we know to be there because we implanted them, we can now have stronger reasons to believe that it can also provide us with the right answers when applied to natural complexes.

Psychoanalysts of different persuasion also speculate about the nature of the content of these complexes. Freud, as we have seen, often emphasized the sexual character of the unconscious processes, even if at the end he was prepared to modify slightly his views about the omnipresent role of sexuality in neurosis. His followers, such as Jung and Adler, didn't put such strong an emphasis on the sexual nature of the unconscious processes. Unfortunately, Luria's experiments cannot help to solve these internal disputes, because artificially created complexes can have all sorts of contents, dependent on the content of the relevant suggestion. This cannot help us to decide whether in naturally occurring complexes certain kinds of contents might be more important or more frequent than others. But although Luria's experiments cannot provide support for a particular orientation within psychoanalysis, they still give strong support to the claims that are basic to all psychodynamic theories, by confirming the view that unconscious processes involving certain internal conflicts can indeed produce observable effects upon human behaviour in the way the psychoanalysts say they do, as well as providing some validation for the kind of inferential procedures used by all of them. For these reasons Luria's contribution to psychoanalysis in general and Freud in particular is invaluable.

But explanatory scientific theories do more than assert that

something, for instance bacteria, exist. They also claim that this something has certain properties, powers or functions, for example that bacteria have the power of producing some changes in the living organisms under certain conditions, and try to explain how such observable effects come about. Freudian doctrine too, apart from asserting that there are unconscious mental processes which influence human behaviour, contains some further claims, such as how it comes about that people cannot become conscious of their motives under certain circumstances, and what is the role or function of unconscious mental processes in human adaption to certain situations. We will discuss these claims in detail in subsequent chapters. These further claims go beyond the findings provided by Luria's experiments, and for this reason we cannot say that these experiments provide good support for the whole of Freudian doctrine. But the claim that there are unconscious mental processes which can produce observable effects upon human behaviour is the foundation on which the whole doctrine is erected, and since Luria was able to show that experimentally, his contribution to psychoanalysis is very important indeed.

Luria's experiments can be used to answer certain philosophical questions which have arisen in the course of our argument before, but which we are now in a better position to answer. As a result of Freud's analysis, many of his patients were capable of avowing their previously unconscious feelings, wishes, etc. Such an avowal was often used by Freud as a criterion for saying that these feelings and wishes were present in the patients all along. A sceptic who doesn't believe in unconscious mental processes may make the following objection to this kind of move, however. Suppose it is indeed the case that the patient admits after analysis that he had an unconscious fear of his father, and suppose that he is sincere. The psychoanalyst wants to take this later avowal of his feeling as a ground

for saying that he was afraid of his father all along, even if he was unaware of it before. But the analyst does so because he already presupposes, according to the sceptic, that there are such things as unconscious feelings; but this presupposition can be questioned. Whatever went on in the subject before, the present avowal of his feeling merely justifies us in saying that he has it now as a conscious feeling. In order to answer any such objection, we can appeal to Luria's experiments and suggest that the subject's behaviour, such as his free associations and motor reactions, prior to his acknowledgement of his feeling, or even in the complete absence of such acknowledgement, can provide independent ground for ascribing an unconscious feeling to him. That shows that the presupposition in the argument can be defended, contrary to the sceptic's accusation. But he might further object, however, that the kind of things Luria observed in his experiments are not the kind of things ordinary people would usually appeal to in order to ascribe mental states and processes to other people, so that Luria was using different criteria and changing the concept itself.

This kind of argument was used by N. Malcolm in his discussion of dreams. The purpose of his argument was to show that dreaming is not an event which takes place during the night. The discovery of Rapid Eye Movement, quoted by some psychologists as evidence that dreaming does occur in the state of sleep, was dismissed by him on the ground that the man in the street doesn't appeal to any physical process when he uses the word "dreaming", he appeals to the dreamer's waking expressions only. Thus people who were trying to appeal to a new criterion were changing the concept of dreaming itself, contributing in this way to unnecessary confusions. Although Malcolm doesn't apply this argument to the psychoanalytic case, we can imagine a disciple of his arguing along some such lines as described above. Malcolm's argument about dreams has been

challenged by H. Putnam and others, and there is no need to discuss it here.⁷¹ We are merely interested in whether the analogous objection is a good argument against the psychoanalytic claim.

Unlike the case of dreaming, where the dreamer's waking testimony is, according to Malcolm, the only ground for ascribing to him a dream, the subject's avowal is not the only ground for ascribing to him feelings or wishes, however. Both conscious and unconscious feelings, wishes, etc., can be ascribed to a person on the ground of how he behaves and what he happens to say on other occasions, apart from the actual avowal made by the subject himself, and sometimes despite such an avowal. For instance, when we doubt somebody's sincerity in telling us about his feelings, we appeal to his behaviour in the relevant circumstances rather than to his own testimony. But even if his sincerity is not under doubt, people might still prefer to take the person's behaviour, and not what he himself says, as a better guide to his feelings, in some situations anyway - as earlier quotations from common-sense psychology show. That means that when Luria (and the psychoanalysts), instead of appealing to the subject's own testimony, appeal to free associations instead, they are not violating ordinary criteria. The critic might say that free association is still not exactly the kind of behaviour an ordinary man would appeal to. It's true that the common man doesn't systematically use free associations, but often the kind of behaviour by which he judges, like the flow of topics in casual conversation, are very similar to free associations. What about the other criterion used by Luria, i.e. motor reactions? It too doesn't seem to be very different from the kind of thing used by common sense psychology. Trembling of the hands, shaking of the body, stammering, etc., are taken to be the signs of the person's emotional state in everyday life. Thus if we see a person trembling, having a frightened look, and showing other signs of fear we don't have to wait for his avowal to learn that he is frightened. So in no way was Luria using criteria fundamentally

different from common-sense ones. Thus the argument analogous to that given by Malcolm about dreaming isn't any good in this case, because there is independent access to unconscious mental processes, apart from the subject's later testimony, which still rests on ordinary criteria.

Luria's experiments, to which we paid so much attention because of their relevance to psychoanalytic claims, make systematic use of hypnotic phenomena. Such phenomena also played an important role in shaping Freud's views concerning unconscious mental processes, because of his observation that there was some analogy between post-hypnotic response and hysterical symptoms. From what we have learned about hypnosis so far it seems that it usually operates through changing the person's beliefs and memories. Thus Luria was able to create unconscious complexes by telling his subjects stories under hypnosis which they came to accept as true, but didn't remember in their waking state, although they still had observable effects on their behaviour. If a hypnotist can be quite successful in changing the hypnotized subject's beliefs and memories by telling him what to believe and what to remember it is tempting to take hypnotic cases as showing that people can, in certain circumstances, alter their beliefs and memories at will, in compliance with request. When a neurotic person becomes unconscious of his impulse there is also a relevant change in his beliefs and memories. In our view, and apparently in Freud's views too when interpreted carefully, this change isn't brought about intentionally, but happens to a person. To become unconscious of a dangerous wish is not like putting it out of mind; it just passes out of mind. However if unconscious processes created by means of hypnosis seem to involve intentional changes in the person's beliefs and memories, as some people believe, and there is a similarity between them and naturally occurring unconscious phenomena, is it consistent to claim that these latter processes are not intentional but are more like automatic responses?

But can hypnotic subjects really be said to be in a position to change their beliefs and memories at will, because they are asked to do so by the hypnotist? Current psychological theories of hypnosis don't provide us with a clear answer to this question. According to some students of hypnosis, especially those who support a role-playing account of the phenomenon, hypnotic behaviour should indeed be looked upon as compliance. But in the view of an alternative theoretical orientation, however, often referred to as the state-oriented account of hypnosis, hypnotic response is largely outside the subject's volitional control, is quasi-automatic, and carried out compulsively. Those who support this latter position often understand hypnosis as an altered state of awareness which produces qualitative changes in the condition of the organism, and makes peculiar hypnotic responses possible. Since what really happens to the subject when he successfully enters a hypnotic state under which he is given a suggestion is still basically an unknown area, and because no integrated account of hypnosis is available to us yet, it is difficult to decide between these two rival theories.

But although it is difficult to reach a definite conclusion about the case in question, at this stage anyway, we can still consider which appears to be more plausible in the light of available evidence. From what we already know about hypnosis it is quite clear that the subject's attitude towards the hypnotist plays an important role in his initial response. Obviously, if the person had a negative attitude and decided to resist being hypnotized, the hypnotist wouldn't be able to get any response from him. So at least to start with, the subject has to agree to follow the hypnotist's instructions, such as ^{to} try to relax completely, close his eyes, concentrate carefully on the hypnotist's voice, etc., which are a part of the standard hypnotic induction procedure. And when the subject does that, he can quite correctly be said to be acting in compliance with the hypnotist's instructions. If that is all that is meant by compliance here, there isn't any real disagreement

between the two rival theories.

However, the subject's positive attitude isn't enough for him to enter a hypnotic state. It is quite a well known fact that, however positively the person might feel about the test and however hard he might try to do what he is told, the hypnotist might still be unable to hypnotize him. Some people are just unhypnotizable, because they seem to lack the appropriate aptitude. What this amounts to is largely a matter of speculation so far, but there are some indications that it may depend on such factors as personality traits, age, or even physical constitution, but all these can hardly be said to be under the voluntary control of the person. So it takes a combination of a positive attitude, which the subject can decide to adopt, and adequate aptitude, which is apparently a matter of the person's make-up rather than choice, to be able to experience hypnosis. This suggests that even to start with, compliance alone is not enough.

What happens to the subject when he successfully enters a hypnotic state, under which he is given a suggestion, is still basically an unknown area. According to the state-oriented account, he is supposed to be in a special kind of state, quite different from both the waking and the sleeping states, which enables the hypnotist to elicit relevant responses from him, impossible to achieve under normal conditions. However, various attempts to find a physiological correlate of hypnotic trance per se have not been very successful. They showed that subjects who are categorized as deeply hypnotized differ from each other on physiological measures, such as EEG, cortical potentials, skin resistance, etc., as much as the subjects who are awake differ from each other. More recent physiological studies on hypnosis seem to imply that hypnotizable subjects, before they are hypnotized, show different EEG activities from the less hypnotizable subjects.⁷² This may well be an important underlying feature of capacity to experience hypnosis, but ^{is} not a hypnotic state as such. Thus there isn't any physiological evidence which can help us to decide between the two rival theories, so far anyway.

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An attempt to find clinical correlates of hypnotic states, based on the subject's own reports of his experience of hypnosis, has been more successful. Some of these reports are very striking indeed. For example, in the complete absence of any hypnotic instructions to this effect, a subject may report an experience under hypnosis of a radical alteration in the size of his whole body or a part of it. Others report an experience of "disappearance" of an arm, a leg, or a loss of awareness of the entire body. Another frequent kind of spontaneous change is in the experience of equilibrium. Generalized sensations of dizziness and giddiness are also quite common. Some subjects report a loss of contact with the environment and with reality. The room in which the test is carried out may look as if covered by a veil and everything might seem shadowy and dreamlike. Since this kind of experience is quite common under hypnosis and is entirely spontaneous, i.e. it appears in the absence of the relevant hypnotic instructions, hypnosis seems to be indeed a special kind of state, which is different at least psychologically from other kinds of states. All this is taken by some authors as more evidence in favour of the state-oriented account of hypnosis. But this evidence should be taken with caution, however. According, to the culturally-defined implications of the word 'hypnosis', it often means having some unusual experience. Thus the subject's "unusual" experience under hypnosis may be influenced by his pre-experimental conception of what hypnosis is supposed to involve, and not ^{be} because he is in a special state. Experiments with subjects who are entirely ignorant of what hypnosis is about, such as children, can help to decide the claim about hypnosis being a peculiar kind of state, but as far as we know such experiments haven't been arranged yet.

However, there are already some experimental studies which directly address the question whether post-hypnotic response is a species of compliance, or whether it is quasi-automatic and beyond voluntary control.

If post-hypnotic response is a case of compliance, as is suggested by the role-playing account, then it is possible to argue that it should be restricted to a specific context only, namely, to the situations where the subject perceives that the hypnotist expects that the relevant behaviour should occur. The alternative view would, on the other hand, predict that post-hypnotic response may occur in a context which is not directly connected with the experimental situation and isn't interpreted by the subject to be so connected. An experiment designed to test these very hypotheses directly has been arranged by M.T. Orne and his colleagues. Two groups of subjects were asked to participate in a 2-day experiment. One group consisted of excellent hypnotic subjects, while another was selected from poor hypnotic subjects who were told to simulate hypnosis. To start with, all subjects were introduced to the Experimenter 1 who conducted a preliminary study which investigated the effect of motivating instructions on strength of grip. He told them that the next experiment would examine the effects of hypnosis on a variety of tests. The simulators were instructed additionally to simulate hypnosis to the best of their ability in the next study and behave in the way they thought the hypnotic subjects would do. They were told that the Experimenter 2 knew that both simulators and real hypnotic subjects were participating in the study, but that he was ignorant about which were which, as was indeed the case. A variety of independent studies have shown that simulators cannot be detected in their simulation of hypnosis when tested by an experimenter who is ignorant of their real identity. The reason for keeping the experimenter ignorant was to reduce the danger of him unwittingly influencing the hypnotic subjects to respond outside the experimental setting. Thus Experimenter 2 conducted the main experiment which consisted of two hypnotic sessions carried out within a 48-hour interval. On the 1st day all subjects were given a suggestion that for the next 48 hours they were to respond by touching their forehead each time they heard the word 'experiment'. The Experimenter 2 tested the suggestion in the experimental

setting, but the crucial test came in the waiting room, which was designed not to be perceived by the subjects as a part of the experiment, and was carried out by the secretary-receptionist. On the first day, after the session with the Experimenter 2, the secretary met each subject and confirmed the time which he was scheduled "to come for the next part of the experiment". Later she asked the subject whether he would like her to pay him "now for today's experiment, and for the next part of the study tomorrow". On arrival the following day she met each subject with the question: "Are you here for Dr. Sheehan's experiment?" The subject's responses to these cues were observed by the secretary and were recorded by her after the subject had left the room. Now if the simulators, who are motivated to simulate the hypnotized subjects' behaviour as well as they can, and who often can be even more alert than hypnotic subjects themselves to subtle and informal testing of the suggestion by the experimenter, because they don't want their real status to be revealed, don't perceive the experimental context to be extended to the secretary, it is plausible to assume that the hypnotized subjects don't perceive it as so extended either.

This experiment revealed that a significant statistically number ($p < 0.05$) of the hypnotic subjects responded consistently away from the experiment while no simulating subjects showed a comparable behavioural response. It also turned out that for the hypnotic group extraexperimental response was correlated with the depth of the hypnotic trance. When the experiment was over some hypnotic subjects were also reported responding to the suggestion away from the laboratory on the night following the first session and on the next day, but this wasn't the case with simulators. The authors of this study draw the following conclusion: "The differences in performance between the hypnotic subjects and the motivated group of simulators indicate that, for at least some hypnotic subjects, posthypnotic behaviour cannot be attributed to compliance or conscious role-playing and is not wholly dependent on the subjects' perceptions of the expectations

of the hypnotist ... it would seem that hypnotic subjects do not respond only when they think that the hypnotist expects that they should. The posthypnotic response can be influenced by the experimenter, and by the subject's expectations of what the experimenter wants, but it is also able to exist independently of the context in which it originates.

This seems inconsistent with the view that the hypnotic subject is engaged in an interpersonal game with the hypnotist, and is playing a role in a quasi-conscious fashion. In some subjects, hypnosis is able to produce an enduring response which is automatically instigated by an appropriate signal".⁷³

Another way of deciding whether posthypnotic behaviour is voluntary action in compliance with the hypnotist's request, or whether it is a compulsive response, is to give the subject some suggestion under hypnosis and then give him a conflicting instruction to do something else when he wakes up (by one and the same hypnotist). If the subject still responds to the original suggestion, even if the person who gave it to him asks to do something else now, which gives the subject a good reason not to follow the first instruction, it seems sensible to argue that his response is compulsive and automatic and that he isn't acting in compliance any more, unlike ^a person following someone's orders consciously. An experiment which can help us to solve this problem was arranged by Luria himself, although he didn't design it with this specific purpose in mind. A group of hypnotized subjects was given a suggestion that after awakening they would have a desire to think of the names of different birds. When they woke up they were asked to produce a series of free associations by saying any word they thought of. This series was then compared with free associations obtained in a normal state before any suggestion was given. In a number of subjects in a hypnotized group Luria made the suggestion to name the birds conflict with a waking instruction to associate in another direction, namely to give without interruption names of fish or trees.

And it is precisely the response of these subjects which is directly relevant to our problem. In Luria's view, their response is very significant. Although in more than sixty percent of the cases, the instruction given in the waking state because dominant, the associative series was always attained with considerable difficulty. This difficulty was revealed by the character of speech reactions, as in the following case: "subject Ip., sturgeon - crow... ach, a crow is not a fish ... duck-sparrow - what kind of a fish is this!... titmouse - carp...".⁷⁴ Also the accompanying motor reactions always indicated an extremely severe disturbance, i.e. quite an acute motor storm, very different from a normal course of reactive process. Thus in Luria's view, "The experiments with ^{the} suggested tendency plainly show that the state of compulsion (my italics) easily provokes a conflict with the fundamental setting of the personality; even though having been deprived of the affective contents, they easily provoke a spread of the excitation and affect, which is manifested precisely in the attempts to overcome these tendencies by inhibition. The more imperative the excitement and the tension, the more foreign its setting for the subject, the greater the disturbance of behaviour we may expect as a result of the collision with the regulating systems of personality."⁷⁵

The results of these experiments are incompatible with the view that the hypnotized subjects act in compliance with the hypnotist's orders, and seem to support the view that hypnotic response is compulsive and quasi-automatic, as has always been argued by those who accept the state-oriented account of hypnotic phenomena. And this agrees with the claim, also put forward here, that what takes place in naturally occurring unconscious phenomena isn't brought about by the subject intentionally either, but is something that happens to him.

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Ch. 4 THE FREUDIAN THEORY OF REPRESSION

A) Why are certain mental states unconscious?

Freud doesn't merely assert that human behaviour is influenced by unconscious mental processes, he also gives some account of why they are unconscious. This account can be found in his theory of repression, which will be the subject matter of this chapter. The psychoanalytic doctrine of repression postulates a hypothetical process, referred to as defence or repression, which is said to be responsible for preventing some mental processes from reaching consciousness. In this respect Freud is unlike literary writers who merely talk about the unconscious motives of their characters without giving any account of why they are unconscious; he is more like a scientist who appeals to a hypothetical entity or process in order to explain his observations. Freud defines this hypothetical process as follows: "the essence of repression lies simply in turning something away and keeping it at a distance from the consciousness".¹

This means that everything that is repressed remains unconscious. But it is not the case that everything that is unconscious is the consequence of repression. Hypnotic and subliminal phenomena (which we discussed earlier) could be unconscious without being repressed. And the process of repression itself is unconscious (as we will discuss in detail soon), which also implies that being unconscious and being repressed don't coincide. Thus it is untrue to say that repression accounts for all unconscious mental states, it only explains some of them, and our interest here is restricted to the latter.

The very term 'repression', used throughout the psychoanalytic literature, unfortunately suffers from various terminological and conceptual confusions which require some clarification before we can proceed further. In Freud's early writings it is used interchangeably with 'defence'. In

Inhibitions, Symptoms and Anxiety, however, he makes an explicit distinction between these two terms:

It will be an undoubted advantage, I think, to revert to the old concept of 'defence', provided we employ it explicitly as a general designation for all the techniques the ego makes use of in conflicts, which may lead to a neurosis, while we retain the word 'repression' for the special method of defence.²

But in his later works Freud uses these two concepts interchangeably again.

For example, in Construction in Analysis, which is much later than

Inhibitions, Symptoms and Anxiety, we read:

It is familiar ground that the work of analysis aims at inducing the patient to give up the repressions (using the word in the widest sense) belonging to his early development and to replace them by reactions of a sort that would correspond to a psychically mature condition.³

And what's more, the definition of repression quoted earlier can equally well be employed to define the notion of defence. If the term 'repression' is replaced in it by 'defence' the same meaning would be preserved. It seems, therefore, that the distinction between these two terms which Freud tried to make at one stage is purely verbal and doesn't carry with it any real difference.

Although the process of repression is so important to Freud, the way in which he characterizes it seems to be inconsistent. In some of its earlier uses, in Studies on Hysteria in particular, the term 'repressed' is systematically accompanied by the adverb 'intentionally', as in the following passage:

Now I already knew from the analysis of similar cases that before hysteria can be acquired for the first time, one essential condition must be fulfilled: an idea must be intentionally repressed from consciousness.⁴

However, in the same work when he talks about the mechanism of conversion, which is a typical method of defence in hysteria, we are told:

It is obviously not carried out in the same way as intentional and voluntary action. It is a process which occurs under the pressure of the motive of defence in someone whose organization - or a temporary modification of it - has a proclivity in that direction.⁵

How are we to take these incompatible claims? Some of Freud's interpreters prefer to look at repression as a kind of intentional act or strategy used by a person whenever he has a wish or feeling he strongly disapproves of - Fingarette for example. According to him, "the defensive process is a splitting of the ego which is not something that 'happens' to the ego but something the ego does, a motivated strategy".⁶ W.D. Hart takes a similar view: "Since it is an adequacy condition of any account of repression that it be an intentional action, I shall reexpress McGinn's view as saying that the inhibiting desire is one's motive for performing an act of repression."⁷ But there are also those who take the opposite view, and R.S. Peters is one of them. He thinks that "repression is different from denial or conscious suppression. It is something that seems to happen when confronted with a dangerous wish. It is not like putting a thought out of mind; the thought just passes out of mind."⁸

Whether repression could be an intentional strategy depends on whether or not the person is in a position to bring about the results which Freud attributes to repression. One way in which it achieves its goal is by producing a total amnesia of the relevant experience. Thus if a person represses some traumatic experience from his childhood, there is a total blank in his memory concerning this very experience. Another way in which it achieves its results is by changing the cognitive aspect of the subject's wish or emotion, i.e. his belief about how he feels or what he wishes. For instance, a person who is afraid of his father becomes, thanks to repression, convinced that he is afraid of some animal, as often happens in animal phobia by the mechanism of displacement (Little Hans, and the Wolf Man). When a homosexual man represses his sexual wishes he ends up believing that it is not he but other people of the same sex who have

sexual desires, i.e. he projects his sexual wishes on others. In other words, repression doesn't block the wish or emotion itself, or as Freud puts it, doesn't destroy the energy of the mental process, but transforms the person's beliefs about its object. Suppose repression is something the person can do at will, as some of Freud's interpreters think. That would mean that people who repress their motives are in a position to change at will their beliefs and memories. But can they really do any such thing?

A belief doesn't seem to be something we can decide to have or not have, although we can decide to express it or not. This passivity of beliefs was stressed by Hume. He regarded it as a contingent fact that beliefs are beyond our voluntary control, like shivering with cold, or blushing out of embarrassment. But this view has been criticized by B. Williams.⁹ Although he agrees with Hume about the passive nature of beliefs he argues that this isn't merely a contingent fact about them. Take a perceptual belief, for example that there is a cat in front of me; such a belief is a function of the environment and its influence on my sense organs. And if those organs are working properly, I cannot help but believe that there is a cat in front of me. If a belief was something that could be produced at will, there wouldn't be a regular connection between the perceptible environment and what the person believes, and thus we couldn't have a concept of empirical belief. Something similar is true of non-perceptual beliefs. All beliefs aim at truth; in contrast to other psychological states such as sensations, emotions, etc., we assess them in terms of truth and falsity. To believe p is to believe that p is true. But if I could acquire a belief at will I could acquire it whether or not I thought it true. But this could hardly count as a belief, if by 'belief' we understand what the person thinks or holds to be the case. So unlike shivering and other passive phenomena, it is not a contingent fact that we cannot decide to believe something. Therefore, the change

in someone's belief about the object of his mental state, which takes place in repression, doesn't seem to be something the person can bring about at will either.

Memory is another mental process which doesn't respond to our will. Remembering or forgetting something just happens to us, often despite strong efforts to the contrary. Like beliefs in general, memory-beliefs aim to be veridical. We say that people remember something only if we think that their memory claims are true. If someone hasn't met me before, I can't say that he remembers being introduced to me, only that he seems to remember. But there are some differences between remembering and believing. Sometimes a person says he knows something, although he cannot recall it at this particular minute. If it is a name he is trying to recall, he can already tell what it isn't, for instance that it isn't x, y, or z, but something else. In this respect memory may involve only recognition. I might be able to recognize something when I see it even if I cannot describe it now. Similarly, when the correct name is presented to me, I may immediately recognize that it is the one I was looking for. Despite this difference, it is still the case that neither recall nor recognition are subject to our will. But then repressing something by means of forgetting it entirely cannot be something the person is in a position to decide to do either. To view repression as a kind of intentional act or strategy doesn't seem to be right.

There are, however, cases of involuntary phenomena which can be influenced by people in an indirect or roundabout way. For example, although I cannot speed up the beating of my heart just by deciding to do so, I can decide to run and thereby cause my heart to beat faster. In the case of memory and beliefs there are also various causal factors, unconnected with correctness or truth, which can influence them - for example, taking drugs or alcohol, hypnotic suggestion, brain surgery.

With memory, I can also try to influence it by concentrating on something else, which usually brings about at least momentary forgetting. So memory and beliefs can apparently be influenced by a deliberate strategy of manipulating them by appropriate causal factors.

But can such a strategy be coherent? In the case of believing, it depends on what kind of motive I have for trying to make myself believe something. According to Williams, we have to distinguish between wanting to believe as a 'truth-centered motive' and as a 'non-truth-centered' one. The following example makes clear what he means. Suppose there is overwhelmingly good evidence that a man's son has been killed in war, but the man understandably wants to believe that his son is alive. What he wants is the truth of his belief, i.e. his son to be alive; this is a truth-centered motive. Taking a drug or alcohol or being hypnotized cannot change the facts about his son, so the father cannot coherently adopt such strategies for making his desired belief true. Similarly, suppose someone is unwilling to believe that he is an illegitimate child. If he has a truth-centered motive, what he wishes is that he were not illegitimate. But neither repression nor anything else can change that, and it wouldn't be coherent for him even to try to alter his parentage.

When someone has a non-truth-centered motive for believing something, he doesn't care whether his belief is true or false, all that matters is what makes him happier. In this case, a conscious strategy to change one's belief doesn't seem incoherent. Thus it would be coherent for the father to try to make himself believe that his son is alive, if all he wants is to reduce his own distress regardless of the facts. This is trying to forget some unpleasant fact, which one knows isn't in a position to change, in order merely to gain some relief. Unfortunately such a strategy isn't usually very successful, particularly in the case of memory. Suppose the father tried to reduce his distress by concentrating his mind on something else: this is likely to produce only momentary forgetting,

not permanent amnesia. As soon as his concentration relaxes, the painful memory creeps into his mind again, and there is no end to the attempts to suppress it. In the case of belief we have a similar problem: even if he gets rid of the belief that his son is dead, there remain other beliefs that strongly imply that his son is dead, and there will be no end to the beliefs that need getting rid of.

So a conscious strategy of changing one's belief is either incoherent or unsuccessful. For this reason repression too, which operates by changing memory and beliefs, would be either incoherent or unsuccessful if it were a kind of conscious strategy. This fact is worth stressing, because the psychoanalysts, although usually quite explicit about why repressed contents are prevented from becoming conscious, are less so (with very few exceptions) about why the repressing force itself has to be unconscious.¹⁰

There is a further reason why the repressing process can hardly be a kind of intentional or conscious strategy. If the person uses a strategy he has to be aware of what he is trying to achieve, even if he is unsuccessful in his attempt. Thus if he is trying to concentrate on something else in order to forget some painful fact about himself or his situation, he has to be aware of what that fact is. The process of repression, on the other hand, is often put into motion before the person is even capable of realizing what his motives to be repressed are. This was also the case with the perceptual defence revealed by Dixon's experiment (reviewed above). The subjects in that experiment exhibited the rise in their perceptual threshold whenever they were confronted with anxiety-provoking words, without being aware what these words were, even to start with. But if a person is unaware of what he is trying to achieve by using a certain strategy, it is doubtful whether we can still attribute that strategy to him.

However, if we regard repression as something that happens to the subject rather than something he consciously does, we also seem to get into trouble. It has been argued by some philosophers that in order to explain why some mental processes are unconscious Freud postulates another kind of unconscious process, repression, which looks like explanation of ignotum per ignotum. Such criticism would be fair if the use of the notion of unconscious motives could not be understood and justified independently of the hypothetical process of repression, but in previous chapters Freud's reasons for introducing the notion of unconscious motives, independently of any notion of repression, have been discussed in detail. To recapitulate, he gave the following justification. Firstly, some behaviour which shows all the characteristics of motivated action except for the conscious avowal of the motive by the subject, would remain unintelligible without the ascription to him of an unconscious motive. And secondly, the notion of unconscious motives has been systematically used by literary writers quite independently of psycho-analytic theory, often before the doctrine of repression had even been formulated. But all this doesn't rule out the possibility of the theory of repression having little or no explanatory force. For it to be genuinely explanatory, we need some independent evidence that this hypothetical process, and not some other, is the one at work when some mental item becomes unconscious. Whether this can be done requires separate discussion.

A different criticism of the notion of repression was given by J.P. Sartre. In Being and Nothingness he argues that in order to explain how it is possible that a person cannot become aware of something, e.g. that he has a "taboo" wish, Freud postulates a "censorship", that is some kind of repressing agency, which prevents the subject from realizing that he has that wish. But, Sartre asks, how are we to conceive the status of this censorship itself? If the work of the censor is conscious (to the censor) then we have an agency within the person who knows better

than the person himself what his motives are - which is hardly acceptable. But if, on the other hand, the censor is unconscious of its activity then it is not clear how it can perform the function ascribed to it, since

the censor in order to apply its activity with discernment must know what it is repressing... (We) are compelled to admit that the censor must choose and in order to choose must be aware of so doing. How could it happen otherwise that the censor allows lawful sexual impulses to pass through, that it permits needs (hunger, thirst, sleep) to be expressed in clear consciousness? And how are we to explain that it can relax its surveillance, that it can even be deceived by the disguises of the instinct? But it is not sufficient that it discern the condemned drives, it must also apprehend them as to be repressed, which implies in it at the very least an awareness of its activity. In a word, how could the censor discern the impulses needing to be repressed without being conscious of discerning them?¹¹

So, according to Sartre, the notion of censorship is incoherent.

(In Freud's later writings, the notion was replaced by that of unconscious Ego, which of course doesn't make any difference to Sartre's argument, because if sound that argument will apply to any postulated internal agency.)

Before criticizing Freud's notion of censorship, it is important to realize that it is a part of his metapsychology and stands or falls with that doctrine. Since metapsychology will be discussed later, at this stage we can merely point out in a general way where Sartre's criticism goes astray. He seems to be taking the notion of censorship too literally (a misinterpretation which Freud himself invites) by describing it in the way he does, like a person acting as a censor. On some occasions at least, Freud's writings make it clear that when he talks about censorship what he is referring to is a hypothetical mechanism responsible for the process of repression. But if this is the case, the question of it itself being conscious or unconscious, which Sartre presses, is misconceived. A mechanism is neither conscious nor unconscious of anything in the way a whole person is. The person may be said to be

unconscious of the process of repression, but the censorship cannot. Before criticizing this notion of censorship we should first understand what status it has, and what role it plays in the psychoanalytic doctrine as a whole. But (Sartre could reply) if the censorship is just a mechanism, why does Freud describe it in such an anthropomorphic way, picturing it as a kind of homunculus within the person?

This is an interesting problem which faces not only psychoanalysis but other areas of psychology as well. In the study of Artificial Intelligence (A.I.) especially, we come across such homunculi. The detectors, buffers, etc., postulated in A.I. can read signals, understand messages, compare information and do all sorts of intelligent things, and thus are very similar to the psychoanalytic homunculi. The use of such postulates looks like a question-begging strategy in theorizing about psychological functions and the mechanisms responsible for them. However, as some philosophers have pointed out, although introducing a "little man" can indeed be a temporarily question-begging theoretical formulation, it can nevertheless play a useful heuristic role, and therefore should not be dismissed out of hand. For example, when the A.I. theorist postulates a little man to represent some psychological faculty, such as the ability to perform mathematical calculations, this homunculus makes explicit the theorist's inability so far to produce an account of the mechanism that performs that function. But if it helps him to formulate a relevant computer programme, and to make the computer solve such problems in the way that people do, the relevant homunculus can be discharged from his theory. As D.C. Dennett has argued in his book Brainstorms: "The A.I. programmer uses intentional language fearlessly because he knows that if he succeeds in getting his programme to run, any question he has been begging provisionally will have been paid back. The computer is more unforgiving than any human critic; if the programme

works then we can be certain that all homunculi have been discharged from his theory."¹² Whether psychoanalytic homunculi such as censorship can play a similarly useful role is of course a question which requires independent analysis. But Sartre, instead of helping to clarify this issue, makes it more obscure.

There is a further problem to be faced if repression is viewed as a passive process, which the person undergoes rather than does. Is it consistent to assume that such a process can be influenced by the person gaining understanding of what he is repressing, i.e. attaining insight into his unconscious motives, as is assumed in psychoanalytic therapy? Passive phenomena, such as shivering with cold, usually happen to us irrespective of whether we understand why they happen. If they can be influenced at all, it is by some causal factor, such as having a hot drink, which has nothing to do with understanding. Repression may seem to be similar, so how can it be susceptible to rational influence? However, it is not the case that all passive phenomena are resistant to rational influence, and happen to us irrespective of any understanding. Believing is a good example. We have learned that a belief is something the person often cannot help having, despite a strong wish to the contrary. When a man sees what he realizes to be clear evidence for something, he cannot help but believe the relevant proposition, even if he might prefer to believe the opposite. So although we say both that the person cannot help shivering and cannot help believing, the two cases are quite different. He who cannot help believing in the face of overwhelming evidence is precisely the one who understands the evidence for what he believes, whereas shivering has nothing to do with understanding. Since believing is connected with recognizing evidence or reasons, it can also be modified by rational argument. For example, if the believer is shown that what he took to be evidence is not so good after all, or is not evidence at all, his belief may well change. But can repression be influenced in similar rational ways?

What is usually made unconscious in repression are the person's emotions and wishes. These states are in general logically connected with relevant beliefs. Thus if a person is frightened of a snake, it may be because he believes that the snake is dangerous. If this belief is based on good evidence, his emotion is rational because the belief connected with it is rational. Thanks to this connection of emotions with beliefs - their "cognitive core", emotions too can be influenced by rational argument, although they are passive phenomena. For instance, if a person is afraid of a harmless snake because of a belief that it is poisonous, then by convincing him that it is not really poisonous, we may influence not just his belief but also the emotion. As suggested earlier, however, neurotic fears, unlike ordinary fear, are usually quite irrational, even unintelligible. This doesn't mean merely that the relevant beliefs are based on poor evidence; often they seem to be totally unfounded, so that although the person has no factual belief at all which would justify his feelings, he cannot help having those feelings nonetheless. Phobic subjects who are afraid of spiders, dogs, or cats, even if they are persuaded that these creatures are harmless, still cannot help being afraid of them. Can we influence such irrational emotions? Forcing the subject to face what he is afraid of, as behavioural therapy sometimes does, or giving him an electric shock, is one way of influencing them. But this is not to treat the subject as a rational agent, whose feelings and actions should be modified by rational means.

Unlike such therapies, psychoanalysis is based on the assumption that even irrational fears can be influenced by rational means, unless the subject is so confused that he doesn't even understand the force of rational argument, and thus isn't a rational agent any more. This approach, although more acceptable morally, might not be workable however. From various examples of symptoms discussed in the previous chapter we have learned that the person's fear (or other emotion) was originally unsusceptible

to rational argument because he was confused about the very object of his emotion, i.e. the object was different from what he thought it was, as in the case of the girl who was afraid to go out because she thought she couldn't control her bladder in public places. By making her understand that what she was really afraid of was having an erotic sensation, while her mistrust of her bladder was only a substitute, Freud enabled her to gain almost complete control over her phobia (for detailed discussion, see Chapter II, pp. 51-3). So understanding as a means of influencing the irrational emotions is possible at least in principle, even if it is not a sufficient or the most economical way of changing them. And if we can in this way modify emotions and wishes which are responsible for repression, there is no reason why we cannot influence repression itself; thus there is no incompatibility between the assumptions of psychoanalytic therapy and the fact that repression is a passive process.

B) Why are certain mental states repressed?

We have learned that certain mental states are unconscious because they are prevented from becoming conscious by a hypothetical process called repression. But is the term 'repression' just a name for whatever it is that does the job postulated by Freud, or can something more specific be said about the process to which it refers? Freud doesn't just name the process, he makes an attempt to explain what is achieved by it, or what effects it produces. Although psychoanalytic accounts of the effects of repression are not always very systematic, the following passages provide an unmistakable clue to what it is that repression is supposed to achieve. In Introductory Lectures on Psychoanalysis we read "systems of defence are in use against the possible generation of anxiety".¹³ In a different work, Freud says "It was not the repression that created the anxiety; the anxiety was there earlier; it was the anxiety that made the repression".¹⁴

His followers, Anna Freud in particular, said similar things about the relation between the process of defence, and anxiety. In her book The Ego and the Mechanisms of Defence we are told that "defence is motivated by super-ego anxiety"¹⁵ and also, "it is the anxiety which sets the defensive process going".¹⁶ It is clear that psychoanalysts in general, and Freud in particular, see a close connection between the defensive process and anxiety. But when we try to understand the nature of this connection, we are not given a clear answer. We are faced instead with expressions like those just quoted. But we have nevertheless some clue as to what sort of explanation is intended. The expressions 'in use against', 'made', and 'motivated by' strongly suggest some form of teleological explanation.

When we look at what Freud said about the manifestations of the process of defence, namely symptoms, it becomes even more apparent that the psychoanalytic explanation of repression is in fact a functional explanation. A clear instance is found in the following passage: "all symptom formation would be brought about solely in order to avoid anxiety; the symptoms bind the psychic energy which otherwise would be discharged as anxiety",¹⁷ which is another way of saying that the function of the symptoms is to reduce anxiety. To prove that the process of defence has indeed this function, Freud appeals to facts like the following. When during psychotherapy the analyst tries to undo the process of defence by making the patient aware of his unconscious affects, the patient starts to feel an overwhelming anxiety. Such anxiety also breaks out if the patient's symptoms, for example a washing ritual, are somehow prevented from occurring. So, concludes Freud, "symptoms are only formed in order to escape an otherwise unavoidable generating of anxiety".¹⁸

Let us now look at some examples of the application of functional analysis. In one of his case histories, Freud gives an explanation of an animal phobia suffered by a little boy called Hans. Hans was afraid of being bitten by a horse, and therefore refused to go out; by staying

at home he could avoid seeing horses and thus avoid anxiety. What puzzled Freud in Hans's case was that this otherwise intelligent boy had this irrational fear. During discussions with the boy and with his father, Freud discovered that the father used to play at being a horse for Hans; the boy also told Freud that he saw some similarities between his father and a horse, namely, that his father's "widdler" was as large as a horse's. There were also some striking facts about Hans's fear of horses - he was particularly afraid of horses which had muzzles and blinkers on their heads. According to Freud, these symbolized for Hans his father's moustaches and eye-glasses. On the basis of these and other facts Freud concluded that for Hans a horse represented his father, and that what he was really afraid of was his father. The father used to threaten him with castration as a punishment for masturbation, so the fear of being bitten by a horse was really a fear of being castrated by his father.

Whether Freud was justified in drawing this conclusion requires of course a more careful analysis of the whole case history, which we are not going to attempt here. What interests us at the moment is the more general explanation of the boy's phobia which Freud offers. According to Freud, it was difficult for the boy to cope with his anxiety that his father might castrate him, and therefore it became repressed. The mechanism of defence at work in this case was displacement, the fear of the father was "displaced" onto a different object, namely horses. Can we say then that in Hans's case the function of this process of defence was the avoidance of anxiety? Hardly, the critic may say, for anxiety was still there, it just took the form of a fear of horses. Actually, Freud himself said that "such a repression as that which takes place in an animal phobia must be described as radically unsuccessful. All that it has done is to remove the idea and set another in its place; it has not succeeded in its aim of avoiding pain."¹⁹ If we cannot therefore assert that the function

of repression is to avoid anxiety, we may however claim that it is to keep anxiety within tolerable bounds, i.e. to reduce it to an acceptable level.

To show that repression has this function, at least, Freud argues as follows:

For the anxiety belonging to a phobia is conditional; it only emerges when the object of it is perceived - and rightly so, since it is only then that the danger-situation is present. There is no need to be afraid of being castrated by a father who is not there. On the other hand, one cannot get rid of a father; he can appear whenever he chooses. But if he is replaced by an animal, all one has to do is to avoid the sight of it - that is, its presence - in order to be free of danger and anxiety. "Little Hans", therefore, imposed a restriction upon his ego. He produced the inhibition of not leaving the house, so as not to come across any horse.²⁰

Since anxiety plays such a vital role in the process of repression, the question arises what are the factors which contribute to its generation? There is a widespread view that Freud held that the source of all anxiety is the frustration of sexual desire, but this doesn't do justice to the evolution of his ideas on anxiety. In his earlier period, Freud did indeed hold such a view: in Three Essays on the Theory of Sexuality he wrote:

One of the most important results of psychoanalytic research is this discovery that neurotic anxiety arises out of libido, that it is a transformation of it, and it is thus related to it in the same kind of way as vinegar is to wine.²¹

In other words, he believed that the accumulation of undischarged sexual tension is transformed into anxiety. But he soon changed this view. In Inhibitions, Symptoms and Anxiety we read:

Formerly I regarded anxiety as a general reaction of the ego under conditions of unpleasure. I always sought to justify its appearance on economic grounds and I assumed, on the strength of my investigation into "actual" neurosis, that libido (excess excitation) which was rejected or not utilized by the ego found direct discharge in the form of anxiety. It cannot be denied that these various assertions did not go well together, or at any rate did not follow from one another.²²

From now on, anxiety was not perceived as the transformation of undischarged libido, but as a person's emotional reaction to a situation of danger.

Of course, the expression of sexual wishes in certain situations can be

perceived by the subject as dangerous, and may therefore become a source of anxiety and repression, but this is quite different from saying that all anxiety is a result of undischarged libido. To talk about anxiety in the latter way is to look at it from the "economic" point of view, i.e. in terms of Freud's Metapsychology, which is concerned not with the person's experiences but with the machinery of his mind.

Freud's second theory of anxiety, on the contrary, stresses the importance of psychological aspects of anxiety, i.e. the person's subjective perception of a danger and his emotional reaction to it. What's more, according to the later view, not only a real danger but also an anticipated one can provoke an outbreak of anxiety. This notion of anxiety as a signal became central to Freud's later theory of it. And it broadened his conception of the motives for defence, because an anticipated as well as a real danger could become a source of repression. As G.S. Klein said:

The importance of this new view of anxiety can hardly be overemphasized. It brought into the foreground an anticipatory capacity in the schema of regulation. Effective regulation meant functioning guided by anticipated danger. The anxiety signal is more than a realistic response of fear to actual danger. It reflects a regulatory system capable of initiating defensive action on the basis of a premonition; it initiates a system capable of the developmental feat of turning passively experienced, full-blown anxiety into a finely-tuned means of anticipatory defence. Moreover, the anxiety signal is capable of mobilizing a great variety of defences in this fashion.²³

Freud's theory has taught us so far about the relationship between unconscious mental processes and repression or defence. He has provided us with a functional account of the role of repression in reducing anxiety, and from his theory of anxiety we have learned about the factors which generate it. Now we wish to concentrate on how repression operates. In Freud's view, repression isn't a single event but a continuous process with several stages. The first stage is called 'primal repression', and "consists in a denial of entry into consciousness, to the mental (ideational) presentation of the instinct".²⁴ The primal repression,

however, does not withhold from consciousness all the derivatives of what was primarily repressed. If these derivatives are sufficiently far removed from the repressed contents they have free access to consciousness, because they are not perceived as dangerous by the subject. In psychotherapy, by using a method of free associations, the analyst tries to get the patient to produce such derivatives of what has been repressed. But it can happen that they become so closely associated with the repressed content that there is a danger of it becoming conscious. When that happens, the derivatives have to be repressed too, and thus the second stage, the so-called 'repression proper', is needed. This "affects mental derivatives of the repressed representation, or such trains of thought as, originating elsewhere, have come into associative connection with it".²⁵ So the process of repression doesn't take place once and for all, but has to be re-established again and again. It is also clear that the repressed contents cannot be wholly stopped from getting into consciousness through their derivatives, for the latter can manifest themselves in various ways. As we already noted, in the process of therapy they find expressions in an inability to produce free associations, and in inexplicable lapses of memory. In everyday life they can show themselves in fantasies, dreams, and various slips and errors. According to Freud, these are not accidental events, but the manifestation of unconscious motives, and it is thanks to them that the original motives can be unveiled or reconstructed at all.

There are also different types of operations through which defence may be achieved. In the psychoanalytic literature they are usually referred to as the mechanisms of defence.²⁶ We remember that in the case of little Hans it was by displacement that defence was achieved. Projection, identification, reaction-formation, regression, undoing, sublimation, are further examples of the mechanisms of defence. Since the list of mechanisms

is impressive in its length, even when restricted to those commonly mentioned in the literature, only a few of them will be discussed here. Let us look, for example, at the mechanism called 'projection'. It consists in the attribution to another person or thing of those feelings, attitudes, etc., which the subject refuses to recognize in himself. Freud uses the notion of projection to account for a variety of phenomena in pathological as well as in normal psychology. It takes a pathological form in paranoia, for example; a paranoic projects his feelings onto another person whom he regards as his persecutor. An example can be found in the case-history of Schreber, whose feeling of hatred towards his doctor became transformed into the thought "The doctor hates and persecutes me, and therefore I feel justified in hating him". Projection is also present in some cases of racism, in which the racist projects his negative feelings onto the members of a different race; as a result, he is convinced that they dislike him, and therefore it is quite natural for him to dislike them too. Freud also gives examples of projection operating in mythology and superstition - in mythology human passions and qualities are projected onto the objects and forces of nature, so that nature may be seen as full of spirits and demons which have very human qualities. So Freud recognizes projection in very diverse areas, and thus the meaning of the word becomes rather vague.

A different type of defensive mechanism is "identification". In this case the properties and attitudes of others become assimilated by the subject and are regarded as his own. This mechanism is thus in some ways the opposite of the process of projection, in which the subject's own feelings and attitudes are attributed to other people or things. The notion of identification appears in Freud's writings in various contexts. Sometimes it plays an important part in the psychoanalytic theory of child development. According to Freud, the socialization of children takes place through identification with their parents who represent the values of the society

they live in. As a result, the superego of the child is developed, and the social attitudes of the parents he identifies with become an important part of his personality. But on other occasions Freud and other psychoanalysts use the notion of identification in a more specific way. The most cited example of this specific mechanism to be found in the psychoanalytic literature is identification with an aggressor. This was described by Anna Freud in her work The Ego and the Mechanisms of Defence.²⁷ The behaviour of some prisoners in concentration camps is an example. According to accounts of life in the camps, some prisoners started to identify with the Nazis - they wore whatever pieces of Nazi clothing they could get, and when put in a position of authority would treat other prisoners in a cruel way. By identifying himself with the aggressor, the person can better master his anxiety, not feeling that he is a victim of aggression which he cannot control, but rather a master of it because he is now an aggressor himself. The prisoners' identification with the Nazis seemed to have this function. Identification can appear after aggression, or can be a reaction to anticipated aggression. An example of the latter is a child punishing himself before he is punished by his parents. However, the notion of aggression suffers from vagueness, like the notion of projection. In the psychoanalytic literature in general, and in Freud's writings in particular, there is no clear distinction between identification and imitation, although they would seem to be quite different. Identification seems to involve an unconscious following of the model, while simple imitation is a conscious act. Neither Freud nor his followers provide us with clear criteria for the distinction. The notion of identification is often used by psychoanalysts interchangeably with such notions as introjection or incorporation, and it is not clear whether this use is due to carelessness, or whether they regard them as synonymous.

Another example of defensive mechanisms is reaction-formation. This consists in adopting a psychological attitude which is diametrically opposed to the real feeling or desire experienced by a person. As Freud wrote:

The exaggerated degree and compulsive character of the affection alone betray the fact that it is not the only one present but is continually on the alert to keep the opposite feeling under suppression, and enables us to postulate the operation of a process which we call repression by means of reaction-formation.²⁸

Reaction-formation may manifest itself in specific behaviour or may become a habitual form of reaction, to the point of forming a character-trait, as in obsessional neurosis. An example of reaction-formation at work is a person who has strong sexual impulses which he cannot or is afraid to satisfy adopting a very strict moral code towards sex, and feeling disgust and shame over sexual matters. The obsessional neurotic's character traits such as feelings of shame or guilt, overconscientiousness, etc., is, according to Freud, a defence against sexual impulses which usually takes place in childhood and becomes a habitual form of reaction. In other cases reaction-formation doesn't constitute a character-trait, but is confined to a particular relationship. For example, a woman who hates her child may adopt the attitude of a very caring mother who is compulsively preoccupied with the welfare of her child, who is fussy about material things, but who hardly kisses or cuddles her child.

Undoing is a further example of defensive mechanisms. It consists in an attempt to reverse something, a thought or action, which has already taken place. It is a typical form of defence in obsessional neurosis. An obsessional neurotic may, for example, wash his hands repeatedly, in order to undo previous thoughts or actions he is ashamed of and feels guilty about. A nice example of the mechanism of undoing was given by Freud in his case-history of the "Rat Man". One day the Rat Man, when walking, kicked his foot against a stone lying in the road;

he was struck by the idea that his girl-friend's carriage could come along that way and might be overturned by the stone, so he felt obliged to remove it. But a few minutes later, he felt obliged to go back and replace the stone in its original position in the middle of the road, thinking that his first action had been absurd. In other words, he thought that he could undo the absurdity of the first action by performing the opposite one, which was of course equally absurd. According to Freud, undoing has an unmistakably pathological character because it aims at reversing something which has already taken place, as if time were reversible. He wrote:

The first of these (i.e. undoing) has a wide range of application and goes back very far. It is, as it were, negative magic, and endeavours, by means of motor symbolism, to "blow away" not merely the consequences of some event (or experience or impression) but the event itself ... This endeavour to undo shades off into normal behaviour in the case in which a person decides to regard an event as not having happened. But whereas he will take no direct steps against the event, and will simply pay no further attention to it or its consequences, the neurotic person will try to make the past itself non-existent.²⁹

It may be interesting to ask whether some cases of magic which aim at influencing certain past events might have some psychological connection with the mechanism of undoing.

Psycho-analysis is not of course the only area in which functional terms are used. We also find functional propositions in biology - for example, that the function of the heart in vertebrates is to circulate the blood. Another area of application is to artefacts - for example, to say that the function of the hands in a clock is to tell the time. The social sciences in general, and anthropology in particular, are wont to make use of functional terms. Some anthropologists have suggested, for example, that the rain-making ceremonies of the Hopi fulfil the function of reinforcing group identity by providing a periodic occasion on which the scattered members of a group assemble to engage in a common activity. Philosophers are naturally interested in the meaning of such functional statements.

C.G. Hempel and E. Nagel try to provide a unified account of functional statements, the former in terms of the adequate working of a given system, and the latter in terms of the goal to which a given system is directed.³⁰

P. Achinstein, in contrast, makes a distinction between various kinds of function - such as design, use and service function, and argues that there are correspondingly different kinds of functional statement which cannot be subjected to one type of analysis.³¹ But to go into the details of these doctrines and attempt to review a large and expanding literature on the notion of function would take us too far away from our main topic here. We can only point out that psychoanalytic claims about the function of repression cannot easily be analyzed in a simple and unified fashion; thus Achinstein's account of functional statements seems to be most appropriate in their case.

From what Freud said on many occasions about the process of defence, it seems to follow that this process can perform several functions. We remember from the previous discussion that its main function is the reduction of anxiety; Freud noticed, however, that in some cases although the dangerous situation which was the main source of anxiety had ceased to exist, i.e. the precipitating cause of the illness was no longer present, the process of repression still operated. He asked, therefore, whether the process has some further function apart from reducing anxiety, and if so, what could it be? His answer was that neurosis, which is the consequence of the process of defence, can sometimes turn out to the patient's advantage. He wrote that "there can scarcely fail to be occasions when it (i.e. illness) proves once again useful and expedient and requires, as it were, a secondary function which strengthens its stability afresh".³² Consider, for example, a woman who is roughly treated and ruthlessly exploited by her husband. Her illness might become, according to Freud,

a weapon in her battle with her dominating husband - a weapon which she can use for her defence and misuse for her revenge. To complain of her illness is allowable, though to lament her marriage was probably not. She finds a helper in her doctor, she forces her usually inconsiderate husband to look after her, to spend money on her, to allow her at times to be away from home and so free her from married oppression.³³

Wartime neurosis provides us with a further example of the secondary function of neurosis and defence. The "war neurosis" from which some soldiers of the first world war were in fact suffering turned out to their advantage by keeping them away from further fighting. Such a secondary function of the process of defence may be called its "use function", while the function for which the defence was produced in the first place, i.e. to keep anxiety within tolerable bounds, may be called its "maintenance function". In psychoanalysis these distinctions can have important implications. The realization that defence and symptoms can acquire a secondary or "use" function can affect the therapeutic outcome; the psychoanalyst has to deal with an additional factor which contributes to the patient's problems.

Let us concentrate now on the explanatory import of the functional analysis of repression. To support the claim that repression does have the effect of reducing anxiety, Freud appeals to the following facts, mentioned earlier. If the patient is suddenly told about the content of his repressed material there is, as a rule, a considerable increase in his feeling of anxiety, as expressed in his behaviour or as reported by himself. Other psychologists, such as Grinker and Spiegel, who systematically studied war neurosis in the form of total amnesia of the traumatic experiences of combat, reported similar findings. They say "As a rule, the recovery of the forgotten experiences is attended with increasing anxiety, and the memory of the actual traumatic event produces intense anxiety."³⁴ A similar observation was made by Dollard and Miller, who report that

Such patients (i.e. soldiers suffering from war neurosis) can often be observed struggling to remember and produce a logical account for themselves. Often they report that this struggle makes them anxious, produces headaches or dizziness so that they have to stop trying. When an interviewer motivates them to try harder, they report symptoms of distress, especially when they seem to be on the verge of remembering. Similarly, when the memories are revived by pentothal (a barbiturate which can produce a temporary retrieval of memory) they elicit strong fear.³⁵

To support his claims about repression, Freud also appeals to less direct evidence, such as the fact that if the symptoms of the postulated process of repression, for example a hand-washing ritual, are interrupted by a command or by physical restraint, the subject experiences a marked increase in anxiety, whereas as soon as the compulsive behaviour is resumed, the level of anxiety decreases. Usually the relief is only temporary, however; after a relatively short time, anxiety starts to rise again, and the patient is motivated to repeat the compulsive act. This observation of Freud's was later confirmed by his followers such as Fenichel. All these facts suggest that there is indeed some connection between the hypothetical process of repression and the variation in level of anxiety. But are they enough to show conclusively that it is repression, and not some other thing, that does the job of reducing anxiety? To answer this question we had better first look at the general problem of the explanatory import of functional analysis, and the logic of the argument thus invoked.

It has been argued by philosophers that functional propositions would certainly have an explanatory import if they answered the question "Why does item *i* occur in system *S* in condition *c*?" For instance, the proposition "The function of the heart in vertebrates is to circulate the blood" would be explanatory if it answers the question "Why is a heart present in a vertebrate in some condition *c*?" Whether this answer can in fact be provided depends on the logic of the argument it invokes. Suppose we represent this argument as follows:

If a heart is present, then the vertebrate's blood is circulated.
The vertebrate's blood is circulated.

Therefore the vertebrate has a heart.

In the psychoanalytic case we can argue by analogy that

If a process of repression is present, then the individual's level of anxiety is reduced.

The individual's level of anxiety is reduced.

Therefore a process of repression is present.

But this form of argument won't do in either case, because it commits the fallacy of affirming the consequent. Let us, therefore, reformulate it in the following way:

If the vertebrate's blood is circulated, then the vertebrate has a heart.

The vertebrate's blood is circulated.

Therefore the vertebrate has a heart.

Similarly

If the individual's level of anxiety is reduced, then a process of repression is present.

The individual's level of anxiety is reduced.

Therefore a process of repression is present.

Although these latter arguments are logically valid, they do not account causally for the presence of the relevant items. In the argument about the heart, in the first premise the circulation of the blood is not an antecedent condition for the presence of the heart. Some other item, for example, an artificial device, could perform the same function. But even if some artificial device is excluded ex hypothesis there is still a possibility of there being some functional alternative or functional equivalent, which can perform the same function as the given item. For this reason, biologists accept the "principle of multiple solution" to the problem of adaptation within living organisms, and thus the first premiss of the second argument above is usually empirically false. Psychologists, just

as much as biologists, are aware of functional equivalents. They are familiar with the fact that if some structure of the brain is destroyed, for example, its function may be taken over by a different one. Given these facts, we have good reason to suspect that there could also be some functional equivalents to repression (of which we will hear more soon). But if so, the first premiss in the second argument about repression is empirically questionable, just as the first premiss in the argument about the heart was. What these two second premisses allow us to conclude is merely that the blood in a vertebrate is kept circulating in some way or other, and that the level of anxiety in an individual is reduced for some reason or another, conclusions which are rather trivial. That means that functional analysis in psychoanalysis doesn't prove deductively the presence of repression in a given individual under certain conditions, because we cannot rule out a priori the existence of some functional equivalent for it.

The effect which a particular functional item brings about is not the only way, however, to establish its presence, even if it is the most obvious way to do so. For example, in order to establish whether a particular organism has a heart we can open up its body and see whether the heart is there, quite independently of the effects it produces. This can easily be done when the functional item in question is a physical organ whose properties, such as bodily position, shape, colour, etc., are known to biologists. But this second approach might be more difficult when the item in question is not a physical object but a process, such as photo-synthesis, for instance. However, if the chemical properties of such a process are known in some detail, the second approach might still be possible. Repression, on the other hand, is a hypothetical process whose real properties, whatever they are, aren't really known as yet. The psychoanalysts identify this process through the alleged effects it produces, and thus an independent access to it is not available in this case.

A deductive argument is not the only argument used by scientists, however. Sometimes scientific explanation have the form of inductive argument. Can, therefore, functional analysis be constructed as inductive argument of the following form:

If the system S performs function F, then there is at least one of a class I of items present.

System S performs function F.

Therefore (probably) item i, which is one of the items included in class I, is present.

This argument, unlike a deductive one, doesn't allow us to deduce that the particular item is present, but only that it is probable. For this argument to have a real explanatory force, however, the class I should be divided into some finite number of items with a ratio of probability assigned to each of them. In psychoanalysis, as in other areas, we don't know how to ascribe a probability to each item in a non-arbitrary manner, moreover we cannot even divide the class I into some finite number of items, because the knowledge of all possible items is not available yet. And secondly, it makes sense to talk about functional equivalents within the class I if we are in a position to characterize precisely the external and internal conditions of the given system, i.e. the range of the situations within which this system is claimed to develop traits that will satisfy its functional requirements. But can this be done in psychoanalysis?

We know that the presence of anxiety doesn't always lead to repression. For example, experience of anxiety by two individuals in a similar situation, such as two soldiers in the front line, may lead to repression in one case but not in the other. Does that mean that a non-repressive way of coping with anxiety, whatever that involves in practice, is functionally equivalent to dealing with it by means of repression? How we answer this question depends, of course, on how we specify all the relevant variables. The psychoanalyst may argue that people's ability to tolerate a particular level

of anxiety can differ quite considerably, and other differences in personality and biological makeup between the two individuals might be relevant too. Thus he may suggest that we are dealing here with two different systems and that coping with anxiety by means of repression in one individual is not functionally equivalent to coping with it in a nondefensive way in another. This situation in psychoanalysis can be compared with analogous cases in other areas, such as anthropology. Anthropologists have been known to claim that some ceremonials characteristic of primitive groups, such as the rain-making ceremonial, fulfil the function of reinforcing the group identity, by providing a periodic occasion on which the members of the group assemble to engage in a common activity. Religious ceremonials in Western society are said to reinforce group identity too. Does that mean that the rain-making ceremonial in primitive society is functionally equivalent to some religious ceremonials in Western culture. A negative answer, analogous to the answer in the psychoanalytic case, might be justified on the ground that differences in economic, political and social structure between the two cultures are so big that we are faced here with two different systems, and thus the two items are not functionally equivalent.

But what about the same individual before and after psychoanalytic therapy? A successful psychoanalytic therapy is capable of reducing anxiety as well as, if not better than, repression does. It looks, therefore, as if reduction of anxiety by means of such therapy is functionally equivalent to the original way of coping with it by means of repression in the same individual. But the psychoanalyst might again argue that such psychotherapy transforms the system by introducing changes into the external as well as internal conditions of the patient. The external situation changes because the patient is now given moral support, and understanding of his problems, by a sympathetic person, i.e. the psychoanalyst, which might not have been the case in his original circumstances when anxiety was dealt with

by means of repression. There is also an internal change, namely such therapy provides the patient with insight into his problems which he lacked originally, and might even transform his whole personality. Thus we seem to be faced with a different system, which makes possible an alternative way of coping with anxiety, while it could still be the case that in the original situation repression was the only means available. But it is important to notice, however, that a systematic use of this argument would make the functional indispensibility of repression a definitional fiat rather than an empirical hypothesis, and functional alternatives, would be ruled out by definition. To avoid this, what is needed is a systematic specification of all the relevant variables which determine the difference between the two individuals, or between the same individual before and after psychoanalytic psychotherapy, as well as the range of external conditions relevant to their situation. But to do that, we require a theory in which the possible states of the person and his environment could be characterized by the values of certain psychological and possibly physical variables, and in which theoretical principles would permit us to determine the range of those conditions within which some items but not others would perform the function of reducing anxiety.

In his developmental and personality theory Freud made an attempt to do just that. According to that theory, the level of anxiety which can be tolerated by a particular individual, and his ways of coping with it in certain situations, depend on such factors as the developmental stage reached and on characteristics of the individual personality, such as the strength of his ego, his childhood experience, his biological makeup and other factors. But because there are still many gaps in the psychoanalytic knowledge of these factors we are not in a position to say that, at this stage at least, the psychoanalytic theory provides us with a satisfactory specification of the range of conditions under which a particular individual develops a disposition towards repression as a means of reducing anxiety.

rather than coping with it in a different way. That means that functional analysis of repression cannot be considered as a successful inductive argument, at this stage of the development of the psychoanalytic doctrine anyway. But this doesn't imply, however, that it cannot become a successful argument at some future time, when the sketch of the argument already present could be filled out with the relevant empirical data.

The fact that the hypothetical process of repression doesn't possess much explanatory value at the moment seems to discredit it in the eyes of some critics altogether. But this attitude is harmful, both in respect of scientific strategy in general, and the psychoanalytic strategy in particular. An appeal to a hypothetical entity, whether it is repression or something else, to account for some regularity in observable phenomena can often serve scientific purposes when it is looked upon as a potential explanation, which can give stimulation and direction to further research and thus play a useful heuristic role in further discoveries. To substantiate this claim we can appeal to the classical notion of gene, which is analogous in some ways to that of repression, and whose role in the development of modern genetics is beyond doubt.

Classical genetics begins with Mendel. He was the first to discover a statistical law capable of explaining and predicting the distribution of observable inheritance traits in the successive generations of individuals. He was also the first to conduct control experiments with plants concerning the distribution of such traits. The essence of Mendel's theory consists in understanding inheritance as a segregation of underlying units, called elements, each of which determines the segregation of observable traits. Inheritance, according to him, is governed by the principles, such as the following. In the case of crossing double hybrids with one another, each possessing dominant and recessive traits, involving two forms of a given trait, such as tall and short (represented accordingly by the letters 'A' dominant and 'a' recessive), the following types of germ cells

are expected to occur: AA, Aa, aA, aa, and two types of individuals, in a 3:1 ratio, are produced. In order to account for this underlying order in the patterns of inheritance Mendel postulated the existence of hypothetical entities called elements, whose distribution determines the relevant distribution of observable traits. Later, when it had been discovered that the simple pattern of inheritance found by him had some exceptions, namely, that it was only one of a number of types of inheritance, Mendelian principles were refined and the term 'element' was replaced by 'gene'. It is important to realize that in classical genetics the concept of gene or element stands for a purely hypothetical structure, free from any assumption concerning its material composition. The gene is a functional concept, because it is specified in terms of the role it plays in the process of inheritance. It is said to have two functions. One is the function of self-reproduction (known as autocatalytic function), and its other function is that of directing embryonic development (sometimes referred to as heterocatalytic function).

Although Mendel himself and his immediate associates weren't really concerned with the nature of genes, their followers engaged in various speculations concerning their material composition. Spencer, for example, suggested that they are physiological units, having the capacity to arrange themselves into special structures that serve both as transmitters of inheritance and directors of the development. Darwin speculated that they have the form of genetic particles (gemmules), which are supposed to be generated by the body tissues and then sent to the reproductive ones by means of the circulating fluids. According to Nägeli, heredity is transmitted by a substance called 'idioplasm', which is carried by germ cells and also diffuses throughout all the cells; and there were other such speculations. The aim of all these suggestions was to understand the real composition of the hypothetical structure postulated by Mendel. But since the knowledge of

such composition wasn't really available to be biologists at that stage, there wasn't any way to decide between these rival accounts.

There is an interesting analogy between the concept of gene in classical genetics and the concept of repression in contemporary psychoanalysis. Although 'repression' refers to an underlying process, while 'gene' to an underlying structure, both concepts stand for a hypothetical entity, introduced for the purposes of explaining some regularity in observable phenomena. Secondly, both concepts are specified in functional terms, i.e. in terms of a relevant job they do, genes in self-reproduction and embryonic development, and repression in reduction of anxiety, accordingly. Thirdly, the real nature of genes, which has been assumed by some biologists to have physiological basis, wasn't really known to scientists until much later. Also the real nature of repression, which Freud originally believed to have a physiological basis, i.e. some kind of neural mechanism, but which he later characterized in psychological terms, is hardly known to the psychoanalysts. (Discussion of Freud's speculation concerning the real nature of repression has to wait until our next chapter). This general analogy suggests that the concept of repression might play as useful a role in the further development of psychoanalysis as the concept of gene did in the development of modern genetics, whose subsequent course proceeded along the following lines.

Since the end of the last century biologists have observed that there was some parallelism between the distribution of chromosomes and genes, which suggested that genes could be located in chromosomes. But this couldn't be understood theoretically until Morgan put forward a chromosome theory of heredity. He constructed the chromosomes' "maps", whereby series of genes could be arranged on the basis of crossing-over frequencies in the linear order of individual chromosomes. This theory was capable of explaining the distribution of the inheritance traits discovered by Mendel and his

followers, and has been confirmed by subsequent discoveries. Thus the discovery that the hypothetical entities postulated by Mendel distribute themselves in ways that parallel the distribution of chromosomes enabled biologists to identify chromosomes as the physiological basis of genes. In turn, the chromosome theory paved the way for the discovery of the chemical basis of inheritance. Nothing specific was known about the chemical basis of heredity, however, until it was shown that DNA (dioxynucleic acid) is the chemical substance that determines inheritance, in some species at least. The knowledge of the composition of the DNA molecule then became available to the biologists when Watson and Crick produced a model of its structure, whose subsequent predictive success showed that the postulated structure was correct. So the discovery of the structure of the DNA molecule finally provided biologists with a solution to the chemical basis of heredity.³⁶

The birth of molecular genetics wouldn't have been possible, however, without the discoveries of classical genetics and its hypothetical notion of gene introduced in order to account for these discoveries. The concept of gene referred originally to some unknown structure, which was supposed to be responsible for the distribution of the observable traits, discovered by Mendel and his followers. But to start with, biologists were quite unable to explain how this hypothetical entity could do the job attributed to it, and there wasn't any way available to them to decide between rival accounts of what it really was that did the job in the process of inheritance. So the classical notion of gene hadn't much explanatory value. But, as we have observed, it played a useful heuristic role in the discovery of the physiological and then chemical basis of inheritance. That means that the strategy of postulating a hypothetical entity, whose real nature is unknown to the scientists at a given time, can pay off very well in guiding future research and by doing so contribute to some new discoveries. In the case of the concept of gene we know that it has in fact played such a useful role, because we can judge it post factum. In the case of the concept

of repression we can only argue by analogy that it might play a similarly useful role. We cannot predict in advance whether the notion of repression will help the psychoanalysts discover a physiological or even a chemical basis involved in the regulation of anxiety, as in the case of inheritance, or rather some psychological mechanism, similar to the mechanism of reinforcement discovered by behaviourists, for example. Because although it is true that contemporary psychologists almost universally accept that in order to understand fully a psychological phenomena one has to find an underlying neurophysiological mechanism, it cannot be ruled out that some psychological phenomena could be successfully explained by a purely psychological theory. But whatever kind of explanation for repression, psychological, physiological or even chemical, might be found in the future, if it is found at all, there are good reasons to believe that the observations made by Freud and his followers and their concept of repression are very likely to contribute to such findings, and for this reason we should look at this concept as potentially explanatory.

A person with a less charitable view of the concept of repression might suggest, however, that although there is indeed some analogy between this concept and that of gene, the latter has been so useful heuristically because it was a clearly defined concept to start with, which is not the case with the concept of repression, and thus he might be sceptical about its possible usefulness. This difference between the two concepts cannot be denied, as it was indeed the case that classical genetics was the first portion of biology, but so far the only one, to be completely axiomatized, a fact which has no doubt contributed a lot to the spectacular development of modern genetic theory. Since the notion of repression lacks the clarity characteristic that of gene, we seem unlikely to observe in the foreseeable future a similarly spectacular development in the psychoanalytic doctrine of repression. But that doesn't imply that the notion of repression is devoid of any heuristic merits whatsoever, it only means that its

heuristic role might be more limited than that of gene. It is also important to realize that not all functional concepts in biology are as clearly defined as that of gene; but that doesn't stop them playing a useful role in the development of biological theories. Looking at some of these concepts and understanding the difficulties which they pose to biologists in their attempt to define them precisely can also shed some light on similar difficulties which the concept of repression poses for the psychoanalysts.

Some of the functional concepts of morphological biology, such as heart, kidney and others, can serve as examples for our purposes as well. How can biologists define them? If they want to define the concept of kidney, for instance, they can try to appeal to the various physical properties of the structure, such as its shape, colour, spatial position, etc. However, these properties are usually not logically necessary for being a kidney. We can imagine an atypical individual of a given species whose kidney may lack some of these properties, and thus a precise definition of the concept, in terms of necessary conditions, would arbitrarily rule out an abnormal kidney. What is also very important is that all morphological concepts in biology shouldn't be restricted to a particular species, i.e. they must be general enough to include not only kidneys of such diverse organisms as mammals, fish, and various invertebrates as well. Otherwise the concept would have a limited value for the purposes of comparative morphology, description of phylogenetic changes, and finally the general theory of evolution. But the physical properties of kidneys in various species could be quite different. Moreover, the judgement as to what constitutes a significant proportion of them is not just a matter of deciding how many of the properties ought to be represented, for in practice some properties will admit of degree and some will carry more weight than others. For example, the bodily position of a kidney may carry more weight than its shape or colour. Suppose in all species, known to biologists so far, a kidney occupies the same bodily position and thus

biologists decide to regard this property as a necessary criterion for the structure being a kidney. But even if actual exceptions to the kidney having this particular property are not found so far, we can still imagine a possible case, not yet known, where a structure may lack this necessary property and yet might still be sufficiently like kidney in other respects so that biologists may come to regard it as a kidney after all. But a decision to regard a given property as necessary at any given point would arbitrarily rule out such cases. The same also applies to a property which might be claimed to be logically sufficient for something being a kidney. A property would be regarded as logically sufficient for being kidney if an item possessing this property is correctly classifiable as a kidney, no matter what other properties it has. Thus the matter should be settled if the property is known to be possessed by the structure. But this claim too, like the one for logical necessity, rests on an appeal to imaginary as well as actual cases, and we can always imagine a structure which possesses this property, but yet lacks a large number of others, and thus wouldn't be classified as a kidney. All this means that the concept of kidney has an open texture with respect to the set of properties that constitute relevant grounds for regarding a structure as a kidney.³⁷

This is so because the structure may possess each property of a given set of properties, and still not be a kidney; or may lack one or more of the properties in each distinct set of properties, and still be a kidney.

A different example of open texture concepts in biology are ethological ones, such as 'escape reaction', 'reproductive behaviour', etc., which cannot be defined in a precise way either. For example, the concept of escape reaction applies to a great variety of responses found in different species, such as swimming towards open waters, heading for rocks, withdrawing into a shell, gathering under the mother, zigzagging, etc. It would be difficult to try to specify a set of characteristics, just as in the case of morphological concepts, other than functional property, i.e. the

property of avoiding damage and death to an animal, which all these responses and no other possess. This difficulty has not merely to do with the question of time and patience because of the existence of an almost unlimited number of tests, but as in the case of the kidney, we cannot foresee in advance all possible conditions in which the concept is to be used. Thus the class of escape reactions is fully open textured with respect to those features of behaviour which are observable in the single response.

But a single response itself can have an open texture also, for the following reason. Ethologists often find it very useful to divide a single response into behavioural units, which they then arrange in a hierarchical form. They do so, because such a behavioural hierarchy can play a useful role in describing a corresponding hypothetical neural hierarchy and also because lower level units usually possess a relatively simple 'releaser', which might not be the case with the instinctive behaviour specified at the top level of the hierarchy. Such an approach to animal behaviour can be illustrated by the ethologists' treatment of the reproductive behaviour of the fish called 'stickleback' (*Gasterosteus aculeatus*), for example. Tinbergen divides it into four categories: 'fighting', 'building', 'mating', 'care for young'. Each of those categories can be divided in turn into further units. For instance, care for young includes: 'fanning' (ventilating), 'the egg-clutch', 'rescuing eggs', 'removal of infected eggs'.³⁸ It is quite clear now that when reproductive behaviour is divided into such hierarchical units it becomes an open texture itself. This is so, because the possibility of some new form within this hierarchy being discovered is always present, and in order to accommodate it the notion of reproductive behaviour cannot be specified too tightly to start with.

If morphological and ethological concepts (possibly some other biological concepts as well) have open texture, i.e. can be specified only loosely, how do biologists decide how to apply them in a particular instance? According to M.O. Beckner, these decisions

"are brought to bear within biological thinking through the agency of the biologist, who has achieved his skill, judgement and flair in the course of an apprenticeship with biological materials. He is familiar with, or once studied and has forgotten, a range of paradigms, collections of similar and dissimilar cases, rules together with typical sorts of exceptions, abnormal and pathological specimens, and so forth. We are not merely making the uninteresting point that a biologist can learn his trade, or that there is such a thing as skill and flair. We are saying that skill and flair are the necessary prerequisites for attaching to biological theories whatever sense they do in fact possess".³⁹

The concept of repressive behaviour, just as that of escape reaction discussed above, can apply to a great variety of responses in human beings, both internal and external. Thus it can manifest itself in forgetting some painful experience, having one's limb paralyzed as in conversion hysteria, compulsive performance of some ritual, displacing one's emotion from one object or person into something else, identification with an aggressor, etc. Can this variety of repressive responses be summarised in some rule or definition? It's clear that it would be difficult to try to specify a set of characteristics, just as in the case of morphological concepts, which all these responses and no others possess. For example, not every forgetting of a painful experience is a repressive response. Also the repeated performance of some ritual, such as that performed by a very religious person, doesn't have to be a repressive response, and yet can have similar behavioural properties, and so on. That means that a repressive reaction may possess each property of a given set of properties and still not be a case of repressive behaviour, just as a given structure could possess each property of a given set of properties, such as shape, colour, bodily position, and still not be a kidney. Another difficulty, which any attempt to tighten up the notion of repressive behaviour would inevitably face, has to do with the fact that psychoanalysts are not in a position to determine in advance all the patterns of repressive behaviour. There always might be a pattern

not known to them yet, which a precise specification of the concept would rule out arbitrarily. For these reasons the class of repressive behaviour is fully open textured with respect to those features of behaviour which could be observed in a single response.

But what about single responses themselves? They too seem to suffer from having the open texture, just as the general notion of repression does. This can be illustrated on the basis of the method of defence called 'regression'. The concept of regression when it refers to a behavioural pattern means adopting behavioural responses characteristic of early stages of development, by a person who is disturbed emotionally. An example could be a teenager screaming in a temper-tantrum, like a little baby, when disturbed. Thus any situation where an older person behaves like a small child could be regarded as an instance of regression. But there are infinitely many ways of behaving like a small child, and the psychoanalyst who would like to specify all the responses which regression, but not other cases of behaviour possess, runs the risk of excluding genuine instances arbitrarily. It might also be the case that all the patterns of behaviour characteristic of a particular method of defence are not yet known. For example, when the notion of undoing was formulated originally it wasn't realized that it exhibits a behavioural pattern very similar to that of primitive magic. Such magical ritual aims at influencing certain past events in order to prevent their harmful influence on the present conditions, which is what neurotic undoing tries to achieve too. Suppose that contemporary psychoanalysts decide to regard this primitive magic as an instance of undoing behaviour. The open textured character of this concept enables them to do that quite easily, which wouldn't be the case if it were specified quite tightly to start with. But the price they have to pay for that is to operate with open texture concepts. However, the lack of any clear rule or a precise definition of this and other psychoanalytic concepts can be compensated for by the psychoanalyst's professional training

and experience which alerts him and enables him to decide whether a particular pattern of behaviour in a given situation is an instance of a given concept or not.

The imprecision, both of the general concept of repression and particular concepts referring to various methods of defence, which is due to their open texture, and which they share with some biological concepts, should be distinguished from another kind of vagueness characteristic of them, however. This other kind of vagueness is due to their fluctuating use by the psychoanalysts. Take, for instance, such psychoanalytic concepts as identification, introjection and incorporation. They don't seem to carry any real difference with them and are often used interchangeably with one another, which seems to suggest that the distinction is purely verbal. But on other occasions they are quoted by the psychoanalysts as quite different methods of defence, without any systematic statement which clearly differentiates between them. The same applies to other notions, such as reversal and reaction formation. Anna Freud, for example, notoriously quotes them as different methods of defence, without giving any characteristics whatsoever to differentiate them, whereas the contexts in which they occur seem to suggest that they are really the same. This kind of vagueness is not a serious threat to psychoanalysis, however, because it can be got rid of quite easily, unlike open texture. In fact there are various attempts among the contemporary followers of Freud to make the use of these concepts more precise. The work of P. Suppes and H. Warren called "On the generation and classification of defence mechanisms" can be quoted as an example of such an attempt.⁴⁰

The open textured character of the concept of repression and other related concepts stands in contrast with the precisely defined notion of gene in classical genetics. But this fact alone doesn't undermine the general analogy between the two concepts, which suggests that the concept of repression may play as useful a heuristic role in the future development

of psychoanalysis as the concept of gene did in modern genetics. The lack of precision characteristic of the concept of repression is likely to make its role less spectacular than that of gene but, contrary to some criticism, doesn't make it a useless concept. Other biological concepts, such as the morphological and ethological ones discussed here, are also imprecise in the same way. That doesn't mean, however, that biologists cannot reach any agreement as to how to apply them in relevant circumstances. The psychoanalysts too can reach some agreement about how to apply the concept of repression and other related concepts in a given instance, despite their open texture. This is not a perfect situation to be sure, but as Freud himself put it

"We have often heard it maintained that sciences should be built on clear and sharply defined concepts. In actual fact no science, not even the most exact, begins with such definitions... They [i.e. such concepts] must at first necessarily possess some degree of indefiniteness; there can be no question of any clear delimitation of their content. So long as they remain in this condition, we come to an understanding about their meaning by making repeated references to the material of observation from which they appear to have been derived, but upon which, in fact, they have been imposed. Thus, strictly speaking, they are in the nature of conventions - although everything depends on their not being arbitrarily chosen, but determined by their having significant relations to the empirical material, relations that we seem to sense before we can clearly recognize and demonstrate them. It is only after more thorough investigation of the field of observation that we are able to formulate its basic scientific concepts with increased precision, and progressively to modify them that they become serviceable and consistent over a wide area. Then, indeed, the time may have come to confine them in definitions".⁴¹

Do Freud's suggestions about a possible mechanism for repression take us any nearer that time? To answer this question we have to look at the last part of his doctrine, i.e. metapsychology.

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It is worth pointing out that the notion of primal repression isn't entirely clear in Freud's writings. In the paper quoted above, which is his classical paper on the subject, he simply refers to it as "a first phase of repression". But in his earlier work, namely, in the "Psychoanalytic Notes on an Autobiographical Account of a Case of Paranoia" (1911), he describes the process somewhat differently. The primal repression is described there as a fixation, conceived of as an inhibition in the development of an instinct or an instinctual component, which is left behind at a more infantile stage as a result. Such a fixation is said to be a necessary condition of every repression. This seems to imply that primal repression takes place only in infancy, the view often held by Freud's interpreters. But Freud himself seemed to be quite undecided, however, as to the real scope of primal repression, almost until the very end of his writings. In 1926 he still writes "We cannot at present say whether it is perhaps the emergence of the super-ego which provides the line of demarcation between primal repression and after-pressure". (Inhibitions, Symptoms and Anxiety, p.94).

25. S. Freud, Constructions in Analysis, p.148, op.cit.
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Freud's "metapsychology" deals with the mechanisms underlying psychological functions. The main source for this is his posthumously published work called Project for a Scientific Psychology; another source is the seventh chapter of The Interpretation of Dreams. But since that chapter was written in the context of a book mainly about dreams, its emphases are slightly different, and thus the Project still remains the most balanced presentation of Freud's metapsychological doctrine, and will be used as the main point of reference here.

In the Project, Freud declares that his intention "is to furnish a psychology that shall be a natural science: that is, to represent psychical processes as quantitatively determined states of specifiable material particles".¹ The "specifiable material particles" are identified by him as neurones, whereas the quantitative aspect, i.e. Q, has to do with quantities of excitation or energy, whose flow through the network of neurones is governed by the general laws of motion. The theory is a working out of the relationship between the neurones and Q. The system controls the quantity of excitation in accordance with certain principles. In particular, it functions so as to divest itself of accumulated excitation, i.e. it follows the "principle of inertia". However, this principle requires serious modification. An organism, apart from being subjected to external stimuli, receives stimuli from the somatic element itself - endogenous stimuli - which cannot be discharged so easily. They only cease when the relevant conditions in the external world, such as supply of nourishment, are realized. Accordingly, the system is obliged to abandon its original trend to inertia, and must put up with keeping the quantity constant under some circumstances, i.e. it has to follow the "principle of constancy". The principle of inertia finds expression in the hypothesis of excitation being transmitted as current (Q), and the principle

of constancy in the hypothesis of stored excitation (Q_n), often referred to as cathexis.² Freud's distinction between current in flow and cathexis can be compared with the distinction between impulse transmission and graded potential change made by contemporary neurophysiologists.

This doctrine is then related to the theory of neurones. To start with, Freud makes a binary distinction between the system of neurones called phi (ϕ) and another system referred to as psi (ψ), corresponding to a system for the reception of external stimuli and a system for the retention of internal stimuli respectively. They are characterized as follows:

thus there are permeable neurones (offering no resistance and retaining nothing), which serve for perception, and impermeable ones (loaded with resistance, and holding back Q_n), which are the vehicles of memory and so probably of psychical processes in general.³

Thus the difference between the two systems has to do with their permeability, more precisely, the permeability of their contact-barriers, which have become known as synapses since Sherrington.

ϕ -neurones function as though there were no contact-barriers between them, but the contact-barriers of ψ -neurones resist the flow of energy to some degree or other. The degree of resistance depends on the quantity, and more importantly, on the frequency of excitation, which is responsible for lowering the resistance between the contact-barriers. Thanks to this "facilitation" the system acquires a form of memory. Thus according to the metapsychological theory "memory is represented by the facilitation existing between ψ -neurones".⁴

So far the theory postulates the existence of neurones, and various conditions of quantity of excitation. Freud felt, however, that:

every psychological theory, apart from what it achieves from the point of view of natural science, must fulfil yet another major requirement. It should explain to us what we are aware of, in the most puzzling fashion, through our "consciousness"; since this consciousness knows nothing of what we have so far been assuming - quantities and neurones.⁵

In order to accommodate the phenomenon of consciousness into his theory,

Freud postulated a third system of neurones called omega (ω). An essential attribute of consciousness or awareness is that it is sensitive to qualities, while the two former systems deal only with quantities of excitation. But what precisely is this mysterious quality, which is responsible for the generation of consciousness? We are told that "the ω -neurones are incapable of receiving Q_n , but instead they appropriate the period of the excitation, and this state of theirs, of being affected by period while they are filled with the minimum of Q_n is the fundamental basis of consciousness".⁶ Quality then is a periodic property of excitation, as opposed to a monotonous character of quantity. Sense organs act not only as Q -screens, but also as sieves; for they allow through only the stimuli with a particular frequency. When these stimuli reach ω from ϕ , their registration in ω corresponds to a conscious perception. But apart from being sensitive to the periodicity of neural excitation coming from ϕ , the system is also sensitive to the rhythm of excitation coming from ψ , which generates the series of states called "pleasure and unpleasure", depending on the character of the rhythm itself".⁷ The terms as used in this context have nothing necessarily to do with actual feelings of pleasure or displeasure. What Freud is referring to is a hypothetical neurological mechanism, analogous in some ways to the mechanism of positive and negative reinforcement in behaviouristic psychology.

The above is just a very general picture of the nervous system. It doesn't explain yet how this system is modified by experience or "the exigencies of life", as Freud puts it. The experience of the human organism leads to differentiation of various structures in the nervous system. One of them is a "memory-motive structure". We remember that memory corresponds to the level of facilitation between the ψ -neurones. Such facilitation is not random; every neurone has several paths or contact-barriers, which enable facilitation to take one course rather than another.

In other words, it can be selective. This selectivity of memory is responsible in turn for the selectivity of the corresponding behaviour; and this is another way of saying that behaviour is motivated (partly by previous experience). Freud thus calls our attention to the intimate linkage of memory and motive. Memory can be seen as a retrospective aspect of the selective facilitation, which reflects the experience of the individual, whereas motive is a prospective aspect, which directs the course of behaviour. Each memory trace is at least doubly determined, by internal and external stimuli. To demonstrate this, Freud gives an example of a newborn infant being in a state of hunger, a state characterized by high cathexes and an experience of unpleasure by the infant. To terminate this state there has to be an alteration in the external world (supply of nourishment), which can be brought about only by a specific action. At first the baby is incapable of any such action, and requires the intervention of some caretaking person to satisfy his need. When this has been done, the total event then constitutes an experience of satisfaction. According to Freud,

an essential component of this experience of satisfaction is a particular perception (that of nourishment in our example) the mnemic image of which remains associated thenceforward with the memory trace of the excitation produced by the need. As a result of the link that has thus been established, next time this need arises a psychical impulse will at once emerge which will seek to recathect the mnemic image of the perception and to re-evolve the perception itself, that is to say, to re-establish the situation of the original satisfaction. An impulse of this kind is what we call a wish; the reappearance of the perception is the fulfilment of the wish, and the shortest path to the fulfilment of the wish is a path leading direct from the excitation produced by the need to a complete cathexis of the perception.⁸

However, if this shortest path is actually traversed, wishing ends in hallucination. This "hallucinatory wish-fulfilment" is characteristic of the "primary" mode of functioning of the neural apparatus. When the apparatus is not yet properly developed, as in the infant, such "primitive" functioning is quite normal. But even in a well-developed nervous

apparatus it can survive under some conditions, for example in dreams. It also plays a vital role in pathological processes, when the system breaks down for some reason, as we shall see later on.

It is clear that this way of coping with internal stimulation doesn't lead to any real satisfaction of the infant's need. The build-up of the endogenous stimuli continues and the corresponding level of unpleasure increases. In these circumstances a different kind of attempt to bring about the experience of satisfaction can take place. The organism may try to discharge the accumulated excitation through motor pathways, by random innervation of the muscular system, which induces screaming. But this attempt is successful only if the scream attracts the attention of a caretaking person whose specific action can see to the infant's needs (as usually happens). Since the experience of satisfaction becomes associated with the perception of a caretaking person, such a person acquires an emotional significance for the infant, and thus becomes a source of interpersonal relationship, which is so important for the further development of the individual in Freud's view.

This different attempt to satisfy a need through motor discharges, even if successful in attracting some external help, doesn't avoid the generation of a large amount of unpleasure, however. The apparatus must take on a yet more complex mode of operation in order to keep unpleasure at a minimum level. It must learn how to "inhibit" a large flow of quantity (and hence discharge), before the object capable of satisfying the relevant need is actually present. An "indication of reality" comes from the sense organs; we remember that when stimuli of certain periodicities coming from ϕ reach ω they discharge, and this discharge is then received by ψ and thus is an indication of reality to ψ .⁹ When the registration of external stimuli is congruent with that corresponding to the memory cathexis triggered by internal stimuli such as hunger, the inhibition is relaxed and discharge takes place. But when there is a

mismatch between the two settings the system continues a series of operations or trial runs until the match is produced. This is clearly a feedback-like mechanism. Basically, it operates according to the same principles as a thermostat, for example. Thus if the temperature of a room is incongruent with the setting of a thermostat, a furnace is turned on or off until match is established. The part of the nervous system that does this job is referred to as the "inhibitory defence structure" or simply as "ego".¹⁰ This structure performs yet another job apart from inhibition, namely that of "attention". The mechanism of attention described in the Project is another feedback mechanism. When original perception occurs, the act of perceiving leads to a discharge which results in a stimulus which in turn affects this very act of perceiving, reinforcing the original perception, as it were.

The Project provides us with a detailed account of neural machinery which makes inhibition possible and allows a match between the excitation initiated in memory structure and that initiated in the sense organs. It is sufficient to mention here that quantity can be inhibited or bound by channeling it into collateral neurones, off the main paths of facilitation and into side cathexes. A notion which plays a key role in understanding the detailed neurological mechanism of attention is that of "hypercathexis". When the system is regulated by the inhibitory defence structure it is said to be functioning according to the "secondary process". This mode of functioning of the neural apparatus, by avoiding the hallucinatory wish-fulfilment characteristic of the primary mode of functioning, enables a better adaptation to the requirements of the environment. So the two ways of functioning are often contrasted with each other.

A still further advance in the working of the apparatus is achieved when the acquisition of language takes place. In Freud's view, speech plays a vital role in thinking, and is a necessary condition for thought to become conscious. As we were reminded already, consciousness is

sensitive only to qualities, by registering the excitation of certain periodic patterns in ω , reaching it from the ϕ -system. But where do the qualities which make conscious thinking possible come from? According to the Project:

This purpose is fulfilled by speech associations. This consists in linking of ψ neurones with neurones which serve sound-presentation and themselves have the closest associations with motor speech-images. These associations have an advantage of two characteristics over the others: they are limited (few in number) and exclusive. In any case, from the sound-image the excitation reaches the word-image and from it reaches discharge. Thus, if the mnemonic images are of such a kind that a part-current can go from them to the sound-images and motor-word images, then the cathexis of the mnemonic images is accompanied by information of discharge, which is an indication of quality and also accordingly an indication of the consciousness of the memory. If now the ego precathects these word-images as it earlier did the images of discharges, then it will have created for itself the mechanism which directs the cathexis to the memories emerging during the passage of Q_n . This is conscious, observant thought.¹¹

Thus conscious thoughts correspond to motor (kinaesthetic) discharges associated with verbal images. But we don't necessarily speak whenever engaged in thinking, a critic might object. Freud points out that if thought becomes intense, some people may speak out loud. More often, however, the current of speech-innervation during thinking is very small and there is only a slight motor expenditure, an apparently quite well known fact. Speech not only makes cognition possible, it also enables the recording of thoughts. So thoughts, as well as perceptions, can be remembered. What is recorded here are motor discharges associated with speech, and their repetition leads to facilitations between ψ -neurones, which is what constitutes memory according to the metapsychological hypotheses.¹² The adaptive value of thinking and the ability to remember it is obvious. Freud himself stresses the fact that thought enables not merely a more successful satisfaction of the immediate needs, but also produces "a piece of practical knowledge, which can be used for a subsequent real occurrence. For in fact it proves expedient not to have set the

process of practical thought going only when it is needed in the face of reality, but to have it ready in advance.¹³

After completing the Project, Freud announced in a letter to Fliess "everything seemed to connect up, the whole worked well together, and one had the impression that the thing was now really a machine and would soon go by itself".¹⁴ However, Freud was well aware that the "machine" doesn't always run as smoothly as has been presented so far, and indeed sometimes seems to break down. This he knew from his observation of pathological phenomena. Inevitably he was interested in understanding what takes place in the neural apparatus when the person is suffering from neurosis. In fact the whole Project, despite its preoccupation with the normal working of the nervous system, is an attempt to understand the underlying mechanism of pathological phenomena. This is so because, as he himself once put it "it is in fact impossible to form a satisfactory general view of neuro-psychotic disorders unless they can be linked to clear hypotheses upon normal psychical processes".¹⁵ Since we are now familiar with the normal functioning of the nervous system, we should be in a better position to understand what happens when such functioning breaks down. The clinical theory has taught us that what is responsible for the pathological phenomena such as various neurotic symptoms is the process of repression which has the function of reducing the anxiety associated with painful or distressing experiences and their memories. We have also learned that when repression takes place, such memories become unconscious. What interests us now is what takes place in the nervous apparatus itself when repression occurs.

In the Project itself Freud devoted less attention to the underlying mechanism of repression, as one would expect. But he came back to this problem again on several occasions, in the seventh chapter of The Interpretation of Dreams, and in his two classic papers called "Repression" and "The Unconscious". Unfortunately, in these latter papers his metapsychology has already undergone serious modifications since the time of the Project

(as we will soon learn). He was now referring not to a neural but to a mental apparatus, describing it in psychological terms rather than the physical terms employed in the Project. But despite this shift in terminology Freud's view of the mechanism seems to remain basically the same, as is suggested by the following quotations. In the Project he wrote "we have seen that hysterical compulsion originates from a peculiar kind of Qn motion (symbol formation), which is probably a primary process, since it can be demonstrated in dreams; (and we have seen) that the operative force of this process is defence on the part of the ego, which here, however, is performing more than its usual function".¹⁶ A few years later, in The Interpretation of Dreams, we are told:

We have already found empirically that the irrational processes we have described are only carried out with thoughts that are under repression. We can now see our way a little further into the whole position. The irrational processes which occur in the psychical apparatus are the primary ones. They appear wherever ideas are abandoned by the preconscious cathexis, are left to themselves and can become charged with the uninhibited energy from the unconscious which is striving to find an outlet. Some other observations lend support to the view that these processes which are described as irrational are not in fact falsifications of normal processes - intellectual errors - but are modes of activity of the psychical apparatus that have been freed from an inhibition.¹⁷

Here, Freud makes the same point as in the Project, namely, that repressed processes are governed by the primary mode of functioning, even if this functioning is ascribed now to a psychical rather than a physical apparatus. After introducing the topographical conceptions into his metapsychology, when the system unconscious (Ucs), which is the locus of the repressed is characterized, we are again told that "exemption from mutual contradiction, primary processes (mobility of cathexes), timelessness, and the replacement of external by psychical reality - these are the characteristics which we may expect to find in processes belonging to the system Ucs".¹⁸ All this suggests very strongly that the primary mode of functioning is, in Freud's view, the main characteristic of the repressed processes, as of unconscious

mental states generally.

Originally, the distinction between primary and secondary modes of functioning referred to two different stages in the development of the nervous apparatus. The former was characteristic of the stage in which inhibitory structure is not yet differentiated. In its absence the system exhibits a tendency towards an "undelayed discharge" whenever there is a build-up of the internal excitation corresponding to biological needs such as hunger. Thus we might witness a hallucinatory rather than a real attempt to satisfy a need, as in the case of the infant discussed earlier. But a similar situation can also occur in a well-developed neural apparatus under certain conditions. One set of such conditions seems to be present in the case of sleep, when activated memory traces can lead to peremptory discharge, which corresponds to dreaming. Thus according to Freud, "dreaming is a piece of infantile mental life that has been superseded".¹⁹ But even in waking life the system might be forced to return to its early way of functioning. This usually happens when there is an imbalance between internal and external conditions. The system might try to cope with this by way of undelayed discharge of rising excitation, which is what takes place in repression. So repression too is a way of functioning that has been superseded, but is now forced to recur in a state of emergency. There is of course a difference between the emergencies facing an infant, which usually have to do with delays in the satisfaction of his biological needs, and the emergencies facing an adult. The grown-up has to cope with emergencies created by social or interpersonal situations, but these too can become sources of imbalance and lead to premature discharge of excitation. In the Project Freud is quite explicit that the discharge he is referring to is a neural discharge. We are told that it can take three different routes, which seem to correspond very well with the three kinds of symptom distinguished earlier. One route is through the motor system, which would lead to behavioural symptoms such as those

characteristic of obsessive behaviour. Discharge into a neighbouring neural system would seem to be responsible for obsessive thoughts - which we have called symptoms of the state of consciousness. And finally, discharge into the interior of the body, i.e. through the biochemical system, seems to be characteristic of somatic symptoms such as those of conversion hysteria. When, by way of contrast, a neural discharge is delayed thanks to the mechanism of inhibition, further regulated by the mechanism of attention and speech associations, we find the secondary mode of functioning, synonymous for Freud with the non-pathological or normal way of working of the nervous system. Thus according to the Project, an undelayed discharge of neural excitation is the mechanism of pathological processes, whereas inhibited discharge is the mechanism of normal processes. Metapsychology provides us with a further criterion for distinguishing between repressed (and hence unconscious) processes and conscious processes, in that the former are governed by the primary, and the latter by the secondary, modes of functioning.

However, Freud quite soon became aware that the above distinction between pathological and normal processes faced various difficulties. Firstly, it posed a theoretical problem, namely how in the presence of the inhibitory structure, i.e. the ego, the system can nevertheless return to a purely primary mode of functioning, even under special conditions. This kind of functioning seemed to be possible only in the absence of inhibitory structure. In the Project Freud admitted that "we need an explanation of the fact that in the case of an ego-process (i.e. in the absence of inhibition) consequences follow to which we are accustomed only with primary processes".²⁰ But although he was aware of this problem, he was unable to give a satisfactory answer to it. Secondly, his theoretical views seemed to run into a contradiction with some observable phenomena - which is even more significant. One of these phenomena is phantasy. What Freud had in mind here is not just any phantasy, but those which usually

become a preliminary stage in the formation of symptoms, like the phantasy of being seduced in childhood. Originally, he mistook these for memories of real experiences, and made them the foundation of his first clinical theory of pathogenesis. But he soon realized that

on the one hand, they are highly organized, free from self-contradiction, have made use of every acquisition of the system Cs and would hardly be distinguished in our judgement from the formulations of that system. On the other hand, they are unconscious and are incapable of becoming conscious. Thus qualitatively they belong to the system Pcs, but factually to the Ucs.²¹

Thus such phantasies can follow the secondary mode of functioning and yet be dynamically unconscious, which contradicts Freud's original view that unconscious processes always follow the primary mode of functioning.

Another phenomenon which posed a difficulty for Freud's original view was dreaming. There are dreams which express the dreamer's wish in a straightforward manner, i.e. their meaning is given by their manifest content, as is usually the case with dreams triggered by hunger or thirst. The dreamer, after waking up, is usually aware of such a wish behind his dream, in contrast to the unconscious wishes expressed by other dreams. But despite the fact that such wishes can become conscious quite easily, they nevertheless follow the primary mode of functioning, according to Freud's original assumption about the primary nature of all dream-processes. So once again, being a primary process and being unconscious do not coincide.

There is a third difficulty, having to do with the nature of the repressed, which is in effect the consequence of the two previous ones. According to the original view all repressed contents are unconscious. But if there are such phenomena as phantasies which can be organized according to the secondary process and yet be repressed, it follows that the repressed is not always organized in the primary way. Thus undelayed discharge of neural excitation looks like too simplistic a picture of the underlying

mechanism of phantasies. Similarly, since some phenomena organized according to the primary processes can nevertheless have access to consciousness, we must again conclude that functioning in the primary way doesn't necessarily coincide with being repressed. This third difficulty became the biggest blow to Freud's original view, and despite his various attempts to cope with it, such as his revision of the topographical point of view in his later metapsychology, the difficulty was never solved successfully. The reason seems to be that when Freud realized at last that there seems to be a way of functioning which looks like a mixture of both primary and secondary processes, it was too late to reconcile this with his original assumption that there was such a sharp contrast between the two that each excludes the other.

We have to conclude, therefore, that Freud's ambitious attempt in the Project to provide a mechanism for repression didn't really succeed. The hypothesis of two modes of functioning failed to give a criterion for distinguishing between conscious and unconscious processes. But this does not imply that metapsychology failed to provide any distinction between these two kinds of process. There is a further criterion available, to do with the qualitative aspect of neural processes. We remember that for Freud becoming conscious corresponds to a temporal characteristic, as opposed to the intensity, of neural excitation - its periodicity, in fact. In the Project he makes a distinction between the two kinds of quality. One kind has to do with a neural excitation reaching the system through the perceptual apparatus, which acts as a sieve for the stimuli with a characteristic frequency. For Freud, perceptual processes automatically involve consciousness, and they can never become unconscious in the dynamic sense of the word. So in order to make the contrast between conscious and unconscious processes we are interested in, we have to turn our attention to another kind of quality. This quality is "associated in human beings with verbal memories, whose residues of quality are sufficient to

draw the attention of consciousness to them and to endow the process of thinking with a new mobile cathexis from consciousness".²² Thus thanks to speech residues, i.e. to a registration of verbal motor discharges, thought-processes and memories of them can become conscious too. This was Freud's view in the Project, and despite some other changes in his metapsychology, he stuck to it firmly all along. Unconscious mental processes, on the other hand, are those that fail to become associated with speech residues. In "The Unconscious" we are told very clearly that "what it (i.e. repression) denies to the presentation is translation into words which shall remain attached to the object. A presentation which is not put into words, or a psychical act which is not hypercathected, remains therefore in the Ucs in a state of repression".²³ Thus unconscious mental processes are the ones which fail, for some reason or other, to become associated with speech residues, which allows them to proliferate according to rules quite different from those which govern conscious processes. Association with speech residues - or lack of it - is therefore another metapsychological criterion for distinguishing between conscious and unconscious states.

It is interesting to note that this criterion, derived from Freud's theoretical considerations, corresponds very well with the behavioural criterion mentioned earlier. This behavioural criterion lay in the subject's ability or inability to express some of his mental states in words: conscious processes are capable of avowal by the subject, whereas unconscious ones are not, at least under normal conditions. This behavioural criterion is now given a theoretical justification. If unconscious mental processes are those which fail to become associated with speech residues, we can understand why the subject isn't in a position to avow them. The metapsychological considerations about speech residues also seem to provide a theoretical ground for adopting a "talking cure", which is what

psychoanalysis as a therapeutic procedure is about. The practical justification for such a procedure was the clinical observation that patients could be cured, other conditions being satisfied, if they could be brought to put into words their traumatic experience. Freud's theoretical considerations suggest that the presence or absence of a connection between a memory trace and speech residues makes a difference to the way this memory trace behaves. Establishing such a connection makes the memory trace available to the person, while lack of connection makes it inaccessible, which in turn makes a difference to the relevant behaviour. So there is both empirical and theoretical justification for the therapeutic procedure of making the patient say whatever comes into his mind.

The picture of metapsychology presented here, derived mainly from the Project, didn't survive intact into Freud's later writing. The neurological terms of the Project were replaced by psychological concepts. But whatever Freud's reason for this change, the later version of metapsychology still appears to be based on the original assumptions. In fact, there is a close parallel between the two, as the following examples clearly show. The neural apparatus consisted of three kinds of system of neurones, and the later psychical apparatus has three topographical systems, the Unconscious, Preconscious and Conscious (later still, replaced by three structural systems - Ego, Super-Ego, and Id - the first of which has an explicit precursor in the Project). Neural energy undergoes a similar transformation into psychic energy, and the properties of the latter, such as being bound or free, are parallel to the "current in flow" and "stored energy" referred to in the Project. The two ways of operation of the neural apparatus, one based on peremptory discharge and the other on inhibition of neural excitation, turn into the "reality principle" and "pleasure principle" governing the psychical apparatus; and so on. It is obvious, then, that despite Freud's frequent declarations in his later works that he

"will remain upon psychological ground", clear traces of his early neurological theorizing remain. As Strachey once put it: "the Project, or rather its invisible ghost, haunts the whole series of Freud's theoretical writings to the very end".²⁴ For this reason the Project remains the main source of Freudian metapsychology. What is more, it throws light on otherwise unintelligible or arbitrary-seeming assumptions behind his later views. Another reason for discussing here the metapsychology of the Project rather than its later versions is that it contains explicit empirical hypotheses, while the later work offers only a metaphorical picture of the nervous system.

In fact Freud himself seemed to look at his later metapsychology in this way. In The Interpretation of Dreams he referred to it as a "fiction of a primitive psychical apparatus". In An Autobiographical Study he called it "a useful facon de parler, to be rejected as soon as we find something better". But he never spoke of his early metapsychology in this way, even though he became dissatisfied with it. We may well wonder what were his reasons for abandoning the neurological theory in favour of metaphorical pictures. Probably there were several. He was well aware that his attempted solution to the neurological explanation of repression - the most central problem for him - was far from being satisfactory, for the reasons discussed above. He also seems to have felt that the knowledge of the nervous system available to him was very incomplete, and so, as he himself once said about his theory of instincts, since it could not wait for neurophysiology to come up with final conclusions, "it is far more to the purpose that we should try to see what light may be thrown upon this basic problem of biology by a synthesis of the psychological phenomena". Freud expected, however, "that all our provisional ideas in psychology will presumably some day be based on an organic sub-structure".²⁵

It is possible to look at Freud's later metapsychology as a kind of psychological model, which although not stated in neurological language, is compatible with the picture of the nervous system presented in the Project. In employing such a model, Freud didn't introduce any new kind of tool into the scientific enterprise. Contemporary psychology is full of such models. O. Selfridge's "pandenomonium" model of pattern-recognition is just one example. Similar models can also be found in the physical sciences - the solar system model of atomic structure is an example. Models can play various roles in the scientific enterprise, such as heuristic, pedagogical, and others. We are told by philosophers of science that

thinking of scientific theories by means of models is always "as-if" thinking; hydrogen atoms behave (in certain respects) as if they were solar systems each with an electronic planet revolving round a protonic sun. But hydrogen atoms are not solar systems; it is only useful to think of them as if they were such systems if one remembers all the time that they are not. The price of the employment of such models is eternal vigilance.²⁶

It is important, therefore, that a model for a scientific theory shouldn't be confused with the theory itself. To propose something as a model of x is to suggest that it is a useful way of representing x, but also to admit the possibility of alternative representations of x, whereas to propose something as a theory of x is to say that x is governed by such and such principles, not just that it is useful to think so. In other words, one can accept alternative models of x as equally useful for various purposes, but one cannot accept that alternative theories of x are equally true. This distinction applies to the psychoanalytic metapsychology. The later version of it, being a model, is neither true nor false, but may be useful for some purposes. The earlier version is a theory, not just a "facon de parler", and will be true or false, depending on its compatibility with the empirical observations of the nervous system.

The next question to be considered, therefore, is how Freud's earlier theory stands up to empirical test. There is a good literature available on this topic. The most systematic attempt to examine Freud's Project in the light of contemporary neurological and behavioural knowledge can be found in the work of Pribram and Gill called Freud's Project Re-assessed,²⁷ on which we will rely heavily here. Let us look at some examples of Freud's hypotheses and see what remains of them when confronted with contemporary data and theories. Consider the principle of inertia, the first postulate of the Project, according to which the nervous system has a passive reflex-like nature, remaining in a state of rest until stimulated, when it functions so as to rid itself of the incoming exogenous excitation. This function is modified later by "exigencies of life", but the basic trend still remains. (Inertia is similar in many respects to what is today known as homeostasis.) This was the current view of 19th century neurology, held by outstanding neurologists of the time, such as Ernst Brucke, Theodor Meynert and others, and in this respect Freud was their faithful pupil.²⁸ But this view of the nervous system is no longer tenable, being incompatible with neurological and behavioural data available now. Electro-encephelographic data have shown that even in sleep or in coma the brain doesn't cease its activity. The nerve cells periodically fire, producing a spike potential, and the brain's non-transmitted activity waxes and wanes without any outside stimulation. The behavioural data, obtained by quite different techniques, suggest a similar conclusion. Experiments on perceptual deprivation show that an organism has a positive need for stimulation and that there seems to be an optimal, mid-range level of cortical activation which the organism tends to seek. This clearly contradicts Freud's view that the nervous system tries to get rid of stimulation entirely and return, by the principle of inertia, to an entirely unstimulated condition.²⁹ Thus the hypothesis of inertia doesn't

survive present-day test, but precisely in virtue of being a testable hypothesis in the first place.

The next problem we are going to look at is Freud's hypothesis of a stored excitation or cathexis, which he distinguishes from current in flow. This looks similar to the distinction between impulse transmission and graded potential change, the first being a rapid discharge along a nerve, and the second being slow changes in potential difference in the nervous tissue. But is it actually the same as this modern distinction? We know that 19th century neurophysiologists had just become familiar with the phenomenon of propagated nerve impulse. That Freud himself was aware of this discovery is indicated by the fact that even before writing the Project he made a comparison between a precursor of Q and electric discharge. A reason why he didn't identify quantity of neural excitation with electric discharge in the Project is that the former is neurochemical in nature, and electrical discharge is only its observable manifestation. Contemporary neurologists don't identify them either, for the same reason. There isn't much doubt, therefore, that the "current in flow" he is talking of is the impulse transmission of modern theory. But what about the hypothesis of stored excitation, or cathexis? According to Pribram, Freud's

emphasis on cathexis is one of those strokes of luck or genius which in retrospect appears uncanny, for only in the past decade have neurologists recognized the importance of the graded non-impulsive activities of neural tissue-graded mechanisms such as those of the dendritic network whose functions are considerably different from those of the transmitted impulsive activity of axons.³⁰

It does indeed look as if Freud was anticipating by about half a century a new scientific discovery. But careful examination of the 19th century neurophysiological literature again suggests that this anticipation didn't take place in a complete vacuum. Freud's contemporaries, such as duBois-Reymond and Pfluger, described local potential (electronic) changes of peripheral nerves. All Freud did, therefore, was to extrapolate this discovery

from the periphery into the brain itself. Thus his distinction between cathexis and current in flow is, despite changes in terminology, very much up to date. What's more, his conception of cathexis, i.e. the graded response mechanism, as having a function of delay of discharge, can become a source of new experiments, in Pribram's view. What is known so far is that graded response is an indication that discharge has failed to take place, but its function, if there is one, is unknown. Freud's hypothesis that it has a function of delay still poses a challenge to contemporary neurology, and it's not surprising, therefore, that some present-day writers look at his Project "as a document of value for our time and not just an historical oddity of closely packed interlacing ideas jotted down with urgency and then forgotten".³¹

The Project's emphasis on different systems of neurones is another example of hypotheses which can be testable. Freud's theory demands that there be at least two different systems, and suggests a functional localization of them in the central nervous system. According to the Project:

The system ϕ would be the group of neurones which receive the external stimuli, the system ψ would contain the neurones which receive the endogenous excitation. In that case we should not have invented the two [classes] ϕ and ψ , we should have found them already in existence. It still remains to identify them with something known to us. In fact we know from anatomy a system of neurones (the grey matter of the spinal cord) which is alone in contact with the external world, and a superimposed system (the grey matter of the brain) which has no peripheral connections but to which the development of the nervous system and the psychical functions are attached. The primary brain fits pretty well with our characterization of the system, if we may assume that paths lead directly, and independently of from the brain to the interior of the body. Now, the derivation and original biological significance of the primary brain are not known to anatomists; according to our theory, it would, to put it plainly, be a sympathetic ganglion. Here is a first possibility of testing our theory upon factual material.³²

And how did it pass such a test? The primary brain, especially the diencephalic limbic formations, and mesencephalic reticular, have indeed

become known since Sherrington to serve as the "head ganglia of the autonomic nervous system" and to be especially sensitive to a variety of hormones such as adrenergic neurochemicals. And more recent scientific advances in the area suggest that some of these formations are involved in an important way in human memory, which is compatible with Freud's idea that the ψ -system is a vehicle of memory, or that these neurones are "mnemic cells", as he sometimes put it. The requirements of Freud's ϕ -system are in turn fulfilled by the classical sensory-motor projection systems, with their rapid topologically organized conduction paths of long fibre trails interspersed with few synapses. So this aspect of Freud's theory has passed the test pretty well.

The third system of neurones, i.e. ω , unlike the other two, is much more difficult to test, and appears more controversial. It is said to be sensitive to the periodicity of neural excitation, and to be responsible for the phenomenon of consciousness. What does contemporary neuropsychology have to say about the possibility of the mechanism of periodicity? Gill and Prábram suggest that some contemporary works, like that of J.Z. Young, provide some supporting evidence for such a mechanism. We are told that "this work has shown (in cats and man) that each muscle group determines the specific fibre diameter size spectrum of its innervation. Fibre diameter is, of course, correlated with size of nerve cell and speed of conduction of impulses. A specific anatomical spectrum is therefore suggestive of a specific distribution of arrivals and departures of nerve impulses - specifically of periodicities."³³ It is important to stress, however, that the mechanism of periodicity, as discussed by contemporary writers, has nothing to do with consciousness, whereas for Freud it is a basic mechanism for generating conscious awareness. So the status of his third system of neurones, unlike the other two, is still unclear.

These are just a few examples, but quite representative ones, of how the hypotheses of the Project can be related to the contemporary state of the relevant discipline. Some of the hypotheses turn out to be false - the principle of inertia, for example. Others, such as the functional localization of the two systems of neurones, appear to be corroborated. Others, for instance, about the delaying function of a graded potential mechanism or cathexis, might become a source and stimulus for new research. So although Freud failed to provide us with a mechanism underlying repression, the Project as a whole still appears to be a remarkable achievement. It is easier to understand how this was possible when we recall that Freud, before he became the first psychoanalyst, spent about twenty years of his scientific career studying the nervous system, working with the then world authorities in this area such as Brücke and Meynert, and had also acquired a reputation of his own, particularly for his work on aphasia (a language disorder due to brain damage). These facts are worth remembering, because it is clear that these twenty years of mental investment in the study of the nervous system couldn't possibly be put aside and entirely forgotten, even after Freud's move from the experimental laboratory to the psychoanalytic consulting room. And the fact that his later metapsychology, which guided his clinical observations to the end of his working life, reveals clear traces of the old neurological background, shows that his early training had not been forgotten. It is a pity, therefore, that some contemporary followers of Freud overlook this fact entirely, and by so doing shield his theoretical considerations from the critical and constructive influence of contemporary science, an influence which might be beneficial to psychoanalysis itself.

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2. The term 'cathexis' is an English translation of the German word 'Besetzung' meaning the quantity which occupies or is possessed by a neurone. The English term, on the other hand, comes from the Greek word 'cathodos', which is also the origin of the word 'cathode', meaning negative potential.
3. S. Freud, Project, p.300, op.cit.
4. Ibid., p.300.
5. Ibid., p.307-8.
6. Ibid., p.310.
7. In the Project Freud explains pleasure and unpleasure in terms of the strength of cathexes in ψ ; stronger cathexis corresponding to unpleasure in ω , while weaker to pleasure respectively. What we said here is consistent, however, with the revised version of his view on this topic which he expressed much later.
8. S. Freud, The Interpretation of Dreams, p.719-20, op.cit.
The metapsychological conception of wish has little to do with the ordinary meaning of this term. It refers to the activation of memory traces, associated with past experiences, which were capable of bringing relief from endogenous stimulation.
9. Originally, Freud arranged the systems of neurones in the following order: $\phi \psi \omega$, but soon he revised this, and inserted the system ω between ϕ and ψ , as represented here.
10. The term 'defence' refers here to the normal inhibitory activity of nervous system, and shouldn't, therefore, be confused with a pathological concept of defence.
11. S. Freud, Project, p.365, op.cit.
12. Freud seemed to have difficulty in the Project in making a distinction between a memory of a perception and a memory of a thought, since both would consist in changed facilitations in ψ . According to J. Forrester, although Freud doesn't give a satisfactory answer to this problem it is possible to piece one together from the elements of his theory. See his Language and the Origins of Psychoanalysis, (New York: 1980).
13. S. Freud, Project, p.378, op.cit.
It is worth noticing that by 'thinking activity' Freud meant not only reasoning but all processes where speech associations play a part.
14. Letter to Wilhelm Fliess, 20 October 1895, p.285, S.E. vol.1.
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31. K.H. Pribram & M.M. Gill, Freud's 'Project' Re-assessed, p.16, op.cit.
32. S. Freud, Project, p.303, op.cit.
33. K.H. Pribram & M.M. Gill, Freud's 'Project' Re-assessed, p.88, op.cit.

CONCLUSIONS

It has been argued by some writers that Freud was the first person to discover unconscious mental processes, a discovery which has revolutionized our entire way of looking at ourselves and understanding each other. But a brief look at 19th century psychology, some pre-Freudian philosophical doctrines, and above all Western literature, has convinced us that the idea of unconscious determinants of human behaviour, very similar to those postulated by Freud, was part of our intellectual heritage all along, even if some of us had to be reminded of that heritage by him. As Thomas Mann once said,

"Indeed, it would be too much to say that I came to psychoanalysis. It came to me. Through the friendly interest that some younger workers in the field had shown in my work, from Little Herr Friedmann to Death in Venice, The Magic Mountain, and the Joseph novels, it gave me to understand that in my way I "belong"; it made me aware, as probably behoved it, of my latent, preconscious sympathies; and when I began to occupy myself with the literature of psychoanalysis I recognised, arrayed in the ideas and the language of scientific exactitude, much that had long been familiar to me through my youthful mental experience".1,

If there was something new about the psychoanalytic concept of unconscious mental processes, it was its wider range of application, a more systematic use, and the role it came to play in analytic psychotherapy.

Analysis of Freud's typical explanations in terms of unconscious mental processes, such as his accounts of symptoms, dreams and errors, shows that what he offered us is basically the same kind of explanation as that of common sense psychology in similar circumstances. This suggests that talk of Freud's radical departure from the common sense conceptual scheme, said by some philosophers to leave no room for the application of unconscious reasons and motives, is totally unjustified. Those who express this view seem to ignore the whole of Western literature, folklore, popular

jokes, etc., thus do injustice to common sense itself as well as to psychoanalysis. What about Freud's alleged radical extension of the concepts of unconscious processes, applying them to phenomena such as hysterical paralysis, which the ordinary man wouldn't perceive as being influenced either by conscious or unconscious mental processes? Phenomena such as vomiting induced by the mere idea of having eaten something unusual, or a phantom pregnancy, are very similar to some of the somatic symptoms discussed by Freud, and are indeed commonly explained in terms of conscious and unconscious reasons, quite independently of psychoanalysis; so this doesn't suggest any such radical departure either. What seems to stop the ordinary man from applying a similar kind of explanation to some of the phenomena discussed by Freud, is his ignorance of them and how they come about. For example, his ignorance that the extent of hysterical paralysis doesn't correspond to the anatomy of the nervous system, but to a common sense conception of the human body. And so he mistakes it for an ordinary paralysis, and fails to notice that it can be an expression of the person's feelings, like other phenomena he is more familiar with. Thus it is not the kind of phenomena which are explained in terms of both conscious and unconscious mental states, but the particular instances of them, which distinguishes psychoanalysis from common sense psychology. By pointing to these similarities between psychoanalysis and common sense we are neither trying to diminish Freud's achievements, nor to elevate the wisdom of common sense, but merely to do justice to both of them.

When looking at various examples of behaviour explained by Freud in terms of unconscious reasons and motives the question of their validation arises. It is not an uncommon practice that when such a question is asked it is often restricted to one method of validation only. But there are quite different ways available to us in which we can try to test explanations of behaviour, and some of them are better than others. Failure to realize this might lead to a conclusion (as it did in some

quarters) which might be true about one method, but quite unjustified in respect to others, a mistake which we tried to avoid here by discussing all the methods available so far. One such method is that also used by common sense psychology, in which the ascription of motives and reasons, both conscious and unconscious, to a piece of behaviour is justified by appealing to the rest of the person's behaviour, to his general situation, and to the kind of person he is. Thus we accept one such explanation because it is compatible or coherent with other similar explanations, while incompatibility provides a ground for rejecting it. When Freudian accounts of behaviour are judged by the standards of this method, some cases were regarded as being successfully validated, others as potentially capable of being successfully tested if more information was available, but there were also instances of explanations which didn't stand up to this kind of test. So only some instances of explanations in terms of unconscious mental processes could be regarded as being successfully tested, by this particular method anyway.

The psychoanalysts themselves, however, in order to justify their claims about their patients' behaviour, appeal to what happens in analytic psychotherapy, in particular to its outcome. Freud's justification for his claim about the evidential value of therapeutic success for the validity of the psychoanalytic interpretations was given in his "Argument from Insight". According to that argument, a patient's veridical insight into the unconscious determinants of his behaviour is causally necessary for the relief of his neurosis, and only psychoanalytic interpretations can mediate such insight. Thus if the analysis of the patient was therapeutically successful we can conclude that the psychoanalytic interpretations given to him were veridical. However, this argument has been challenged, although not always for the right reasons. Eysenck, for instance, questioned it on the ground that psychoanalysis doesn't produce better results than no treatment at all, and if so the insight given to the patient cannot be

said to be a necessary condition for cure. But since Eysenck's conclusion is based on an empirical study which failed to meet the basic requirements of a proper controlled study, while better-devised studies suggest the opposite conclusion, i.e. that Freudian therapy in particular, and psychotherapy in general, produce results over and above no treatment at all, the psychoanalysts don't have to accept his criticism. But when the effectiveness of the psychoanalytic therapy is examined vis a vis outcomes of other kinds of therapies, such as behavioural therapy, there is good evidence available which suggests that it doesn't produce better outcomes. This contradicts Freud's original assumption that veridical insight is a necessary condition for any kind of cure which counts, and so the whole argument is sometimes rejected. But although several rival therapies can succeed in the alleviation of neurosis, the conquest of it in the patients treated by the psychoanalytic methods might still depend on veridical insight. So this kind of evidence doesn't destroy the Argument from Insight altogether, although it requires its modification. The original premise about insight being a necessary condition for any kind of cure has to be replaced by a more modest claim, namely, that it is necessary for the psychoanalytic kind of cure only, and this modified argument may still appear to be valid.

A final way in which the Argument from Insight could be challenged is by showing that psychoanalytic psychotherapy is an inadvertent placebo, i.e., that its effects are due to some incidental factors, such as suggestion, while its characteristic procedures, such as providing the patient with insight, have no remedial value whatsoever, contrary to the beliefs of the psychoanalysts themselves. To demonstrate that, we need an experiment conducted on a double-blind basis in which both parties are ignorant of the real nature of the treatment, as was the case in Cole's study. Unfortunately, in the case of psychoanalytic treatment such an approach

doesn't seem to be possible, as far as we could judge, for the following reasons. There isn't any way in which the psychoanalyst in charge can be kept ignorant of the nature of the "insight" he is giving to his patient. But even keeping the patient ignorant, a requirement of a single-blind control, poses similarly insuperable difficulties. Thus we cannot show conclusively, or at least nobody can see how we could, whether psychoanalytic treatment is a placebo treatment or not. However, this very ignorance undermines entirely the probative value of successful outcome of psychoanalytic psychotherapy in validating relevant interpretations. This is because we are not in a position to make a systematic discrimination between interpretations that are effective and true, and interpretations that are effective even though false. What a successful outcome can do at best is to reinforce our acceptance of the interpretations whose plausibility have been already established by some other methods, such as the first one for example. But as an independent method of validation of psychoanalytic interpretations, psychoanalytic therapy, however successful, isn't much good. All this doesn't necessarily undermine the value of psychoanalytic therapy as a treatment.

A third attempt to test the hypothesis of unconscious mental processes is provided by the experimental method. Although there are countless experiments designed to provide such a test, they don't measure up to the ingenuity of Luria's experiments, in our view. However, although Luria's relevant work The Nature of Human Conflicts was actually translated into English, his name is hardly mentioned by Anglo-Saxon writers, when they consider the experimental approach to psychoanalysis, an omission which we tried to repair here. Since his experiments are crucial to our argument about the testability of the hypothesis of unconscious mental processes, it might be useful to summarise in some detail their relevance to the psychoanalytic case once more. By implanting strong unconscious complexes into his subjects Luria was able to create experimental conditions

very similar to the real life situations faced by psychoanalysts, in contrast to other experiments where such conditions had only a remote resemblance to real life, as in the case of merely presenting subjects with supposedly anxiety-provoking words. By asking his subjects to produce a series of free associations, as well as eliciting motor reactions, in various stages of his experiments, Luria was able to reproduce a real situation in psychoanalysis as closely as possible. This kind of "experimental psychoanalysis", unlike actual analysis, enables a researcher to control a crucial variable and gives him various advantages. Being in a position to implant and then remove the unconscious complex, as well as influence its content by means of an appropriate suggestion, he acquires an independent access to it, which enables him to make systematic observation of the relevant variations in free associations produced by the subject, an unsolvable difficulty for the psychoanalyst faced with naturally occurring complexes. What Luria's experiments have shown beyond any doubt, in our view, is that it is possible for the subject to be in a strong affective state, expressed by his free associations and motor reactions as well as by physiological changes such as respiration, and yet the subject himself can be entirely ignorant of the nature of his affect and how it came about. This surely confirms Freud's general hypothesis that human behaviour can be influenced by unconscious states and processes, of which the subjects know nothing themselves. Some other relevant hypotheses, such as that the content of unconscious process determines what kind of free associations are produced by the subject, can be said to be successfully confirmed too. This means that the psychoanalytic technique of free association still appears to be the best method available for studying such unconscious processes. Luria's method cannot be used, however, to test Freud's claims about particular instances of unconscious mental processes occurring spontaneously, which would be a great improvement on the first method, because such processes cannot usually be controlled and manipulated in

the relevant way, a difficulty facing scientists in other areas of inquiry too. But for a scientific hypothesis in general, and the hypothesis of the unconscious processes in particular, to be testable, it doesn't have to be tested successfully on every possible occasion, although it has to be tested on some. That the psychoanalytic hypothesis can be thus tested (to say nothing of the first method) has been demonstrated quite clearly by Luria's experiments.

Since Freud offers us a further kind of scientific theory in order to explain why certain mental processes are unconscious, in contrast to the lack of any such attempt in common sense psychology, this theory needs to be examined in turn. According to this theory, what is responsible for preventing some mental processes from becoming conscious is a hypothetical process of repression. Unfortunately, Freud himself doesn't give us a clear clue what kind of process is that of repression itself, i.e. whether it is something the person does or something which happens to him, a notorious source of disagreements among his critics. In order to clarify the matter, an appeal can be made to B. Williams' distinction between a truth-centered motive and a non-truth centered one in trying to make oneself believe something, a distinction which is very useful in this context, but which is missing in most discussion of the problem. When this distinction is applied to repression, which operates through changing the person's beliefs and memories, it becomes obvious that if it were a kind of intentional strategy, as some writers think it is, it would be either incoherent or totally unsuccessful. In our view, therefore, repression cannot be regarded as an intentional strategy, but is rather something that happens to a person, a passive phenomenon. In order to reconcile this with Freud's view that repression can be influenced or modified by a rational argument, which is what is supposed to happen in psychoanalytic psychotherapy, a distinction was made between two kinds of passive phenomena. One kind,

such as shivering from cold, happens to people irrespective of their understanding of why it happens, whereas other kinds of passive phenomenon, such as believing, involve understanding evidence for one's beliefs. Since mental states, such as emotions and wishes, also involve some beliefs on the part of the subject who has them, it is not inconsistent to claim that they too can be modified by a rational argument by influencing the relevant beliefs, as indeed Freud was able to do in some cases.

The hypothetical process of repression was in turn explained by Freud in terms of the function it performs, which is that of reducing anxiety, referred to by us as its maintenance function. Sometimes it is said to have a secondary function, i.e. a use function, as in war neurosis, where by keeping a soldier away from combat it can provide him with a further advantage and might even save his life. Freud's evidence for his claim about the functional role of repression in the reduction of anxiety merits discussion in turn. One kind of evidence was an observation that when the patient was suddenly told about the content of his repressed material, there was a considerable increase in his feeling of anxiety. Similar observations were also quoted by psychologists who studied war neurosis. Another, less direct evidence, was the fact that when the symptoms of the postulated process of repression, such as an obsessional action, were interrupted, there was again a marked increase in anxiety. In our view, such evidence would be conclusive if we could somehow show that it is indeed a hypothetical process of repression, and not some other item, that has this effect of reducing anxiety. Since this is a more general problem, facing any empirical claim about the functional role of some item in a given system, the explanatory import of functional propositions in general, and then in respect to the psychoanalytic claim in particular, needs discussion. The upshot is that functional analysis in psychoanalysis, as indeed in general, cannot be expressed as a valid deductive argument,

because we can never rule out a priori the possibility of functional alternatives which can perform the same job as repression. The presence of repression cannot be proved inductively either, because we are not in a position, so far anyway, to divide the relevant class of items into a finite number, with a ratio of probability assigned to each item, or to give a specification of the conditions under which a clearly defined system can be said to develop traits whose functional requirements, i.e. reduction of anxiety, can be said to be satisfied by some of the items, for instance repression, but not by others. Freud's developmental and personality theory is not precise enough, as yet, to do this job although if further improved and developed it might be more successful.

We suggest that the hypothetical process of repression, despite its lack of explanatory value so far, can be looked upon as a potential explanation, which can give stimulation to further research and might even help to make some new discoveries. This was the case with the hypothetical notion of gene in classical genetics, analogous in some ways to that of repression. When the notion of gene was introduced originally, in order to explain the distribution of inheritance traits, it hadn't much explanatory value. But its heuristic role in the further development of genetic theory and its contribution to new discoveries turned out to be unquestionable. This suggests that other hypothetical entities, or processes including repression, might be similarly useful, and it would be a mistake to dismiss them out of hand. We were of course aware that the notion of repression is not as precise as that of gene, in virtue of being an open-texture concept. But this fact alone doesn't discredit it yet, because many other scientific concepts such as morphological and ethological concepts in biology have similar open-texture. As long as scientists can agree how to apply them in particular instances, and both biologists and psychoanalysts seem to be able to reach such agreement,

they can be still useful scientific concepts.

Our discussion of Freud's doctrine of unconscious mental processes wouldn't be complete without mentioning his metapsychology, where he deals with the mechanisms underlying psychological functions in general, and the function of repression in particular. According to the hypothesis of the Project, repressed processes are governed by the primary mode of working of the nervous system, which consists in undelayed discharge of neural energy, as opposed to the mechanism of inhibition in the secondary mode of working, characteristic of non-repressed processes. But this hypothesis, as Freud himself seemed to be aware, leaves unsolved a theoretical problem, namely, how can a nervous system with an already differentiated inhibitory structure, as in a grownup human being, still work in a primary way, even if under special conditions only. In our view, this hypothesis also contradicts Freud's other assumptions and flies in the face of some observations. One such phenomenon is a special case of phantasies, usually occurring in a preliminary stage of symptom formation, which can be organised according to the secondary mode of functioning and yet be dynamically unconscious. That suggests that not all unconscious processes follow the primary mode of functioning and, therefore, contradicts Freud's original assumption that repressed, and therefore unconscious material, is always governed by the primary mode. Another phenomenon which creates a similar difficulty for him are cases of dreams expressing the dreamer's mental states in a straightforward manner, of which he can become easily aware after waking up. Thus some processes working in a primary way, as all dreams are said to be, can nevertheless become easily conscious, which is incompatible with Freud's original assumption that conscious, and therefore non-repressed processes, follow only the secondary mode. So despite his ambitious attempt to provide us with the underlying mechanism of repression, Freud didn't really succeed. But some other

related hypotheses of the Project, such as the one about stored excitation and discharge of neural energy, or the hypothesis of three systems of neurones, turned out to be more plausible and have stood up quite well to contemporary test.

Our review of the standing of the psychoanalytic doctrine of unconscious mental processes suggests that it is not an accomplished theory, but one which is still in a state of fermentation. This prevents us from forming a more definite view of its final product, which has to wait until some future time. But we are already in a position to judge that it is not an ad hoc story, like astrology for example. Freud's generalization about the unconscious determinants of human behaviour, on which this theory is erected, can be and has been successfully tested, even by the most advanced standards of such test. We can be confident, therefore, that at least the ground on which this theory is built is firm enough to take it seriously. Unfortunately, the further we move from this ground, the more our uncertainty increases. That doesn't mean, however, that further generalizations are mere products of Freud's fertile imagination, unjustified by any observation. There are some observations available which speak in their favour, like the evidence quoted by Freud in order to support his claim about the functional role of repression in reducing anxiety. We are merely saying that they are not strong enough to prove his claims beyond reasonable doubt. Freud's unsuccessful attempt to find an underlying mechanism of repression shouldn't surprise us when we learn that he was running far ahead of the development of the relevant discipline, and that the mechanisms underlying basic psychological functions are still largely unknown to neurophysiologists even now.

This state of the psychoanalytic theory of the unconscious mental processes might not impress those who are accustomed to dealing with the precise and powerful theories to be found in physical sciences.

When compared with such theories, psychoanalytic theory looks very unimpressive indeed. But when we compare it with theories on its own ground, however, such as Piaget's, or behavioural theory, the impression changes completely. It is as good as any other attempt of this kind which can be found in contemporary psychology. Aristotle's insight is still worth remembering in this context. At the beginning of his Ethics he said:

"In studying this subject we must be content if we attain as high a degree of certainty as the matter of it admits. The same accuracy or finish is not to be looked for in all discussions any more than in all the productions of the studio and the workshop ... Such being the nature of our subject and such our way of arguing in our discussions of it, we must be satisfied with a rough outline of the truth, and for the same reason we must be content with broad conclusions. Indeed we must preserve this attitude when it comes to a more detailed statement of the views that are held. It is a mark of the educated man and a proof of his culture that in every subject he looks for only so much precision as its nature permits".²

If Aristotle's words are true of this work too its author's goal can be said to be fulfilled.

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1. T. Mann, "Freud and the Future", p.48, in P. Meisel (ed), Freud, A Collection of Critical Essays, op.cit.
2. Aristotle, Ethics, p.27-8, 1955, Penguin Books.